

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Filing at a Glance

Company: Dentegra Insurance Company  
Product Name: DIC HCR IND PPO RATES - PPACA Dental Filing  
State: Colorado  
TOI: H10I Individual Health - Dental  
Sub-TOI: H10I.000 Health - Dental  
Filing Type: Rate  
Date Submitted: 06/13/2013  
SERFF Tr Num: DDPA-129066093  
SERFF Status: Closed-Filed  
State Tr Num: 278917  
State Status: Filed  
Co Tr Num: DIC HCR IND PPO RATES - PPACA DENTAL FILING

Implementation: 01/01/2014  
Date Requested:  
Author(s): Connie Roth, Sandra Renner, Lisa Kissel, Shelly Williams  
Reviewer(s): Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer, Scott Campbell

Disposition Date: 08/08/2013  
Disposition Status: Filed  
Implementation Date: 01/01/2014

State Filing Description:

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## General Information

Project Name: DIC HCR IND PPO RATES - PPACA Dental Filing Status of Filing in Domicile: Not Filed  
Project Number: DIC HCR IND PPO RATES - PPACA Dental Filing Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 08/08/2013  
State Status Changed: 08/02/2013  
Deemer Date: Created By: Shelly Williams  
Submitted By: Shelly Williams Corresponding Filing Tracking Number:

### Filing Description:

This is a PPACA Dental Filing.

Enclosed for your review and approval are new Dentegra Insurance Company individual dental rates.

This is an initial rate filing and will be used when our Dental PPO product is sold direct or by a partnership relationship to individual inside the Colorado Health Benefit Exchange. The forms with this rate filing are listed in the Form Schedule Tab and will be filed in SERFF Filing Number DDPA-129064061. These products will use the Dentegra Dental networks.

These plans provide the coverage for: the pediatric oral services required by the essential health benefits ('EHB') provisions; and for adult dental services ('Sup') required by the Affordable Care Act ('ACA'):

- Individual Pediatric and Supplemental High and Low Plans

Our effective date for use of these rates will be October 2013 for coverage effective January 1, 2014, provided the filing has been approved by or deemed approved by your Department.

Thank you for your attention to this filing. If you should need any additional information or have any questions, please do not hesitate to contact me.

## Company and Contact

### Filing Contact Information

Shelly Williams (Dentegra), Regulatory Analyst swilliams4@dentegra.com  
17871 Park Plaza Dr., Suite 200 800-801-7105 [Phone] 7766 [Ext]  
Cerritos, CA 90703 562-924-8039 [FAX]

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

### Filing Company Information

Dentegra Insurance Company	CoCode: 73474	State of Domicile: Delaware
100 First Street	Group Code: 2479	Company Type: LAH
San Francisco, CA 94105	Group Name: Dentegra Group,	State ID Number: CO
(866) 714-7730 ext. [Phone]	Inc.	
	FEIN Number: 75-1233841	

### Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 649, 760, 850

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/08/2013	08/08/2013

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Scott Campbell	08/01/2013	08/01/2013
Pending Industry Response	Michael Muldoon	07/27/2013	07/27/2013
Pending Industry Response	Nichole Boggess	07/25/2013	07/25/2013
Pending Industry Response	Cathy Gilliland	07/22/2013	07/22/2013
Pending Industry Response	Michael Muldoon	07/15/2013	07/15/2013
Pending Industry Response	Cathy Gilliland	07/01/2013	07/01/2013
Pending Industry Response	Cathy Gilliland	07/01/2013	07/01/2013

### Response Letters

Responded By	Created On	Date Submitted
Shelly Williams	08/02/2013	08/02/2013
Shelly Williams	07/30/2013	07/30/2013
Shelly Williams	07/26/2013	07/26/2013
Shelly Williams	07/23/2013	07/23/2013
Shelly Williams	07/18/2013	07/19/2013
Shelly Williams	07/02/2013	07/02/2013
Shelly Williams	07/02/2013	07/02/2013

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cathy Gilliland	06/17/2013	06/17/2013

### Response Letters

Responded By	Created On	Date Submitted
Shelly Williams	06/27/2013	07/01/2013

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disposition letter	Note To Filer	Nichole Boggess	08/08/2013	08/08/2013
Letter	Note To Filer	Nichole Boggess	08/02/2013	08/02/2013
Response to Objection 7/29	Note To Reviewer	Shelly Williams	07/29/2013	07/29/2013
Revised Forms	Note To Reviewer	Shelly Williams	07/19/2013	07/19/2013
Objection 3	Note To Reviewer	Shelly Williams	07/01/2013	07/01/2013
duplication of objections	Note To Filer	Cathy Gilliland	07/01/2013	

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Disposition

Disposition Date: 08/08/2013  
Implementation Date: 01/01/2014  
Status: Filed

Comment: State Tracking #278917  
Company: Dentegra Dental Insurance Company  
Product Line: Individual Dental On-Exchange

Rate Implementation Summary  
Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans  
Child Only Pediatric: 2 plans ( High AV Plan, Low AV Plan)  
Other Adult Plans: 2 plans (Preferred and Basic)

Final Rate Filing Disposition  
The Division has filed the rates in their final form after all adjustments.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Dentegra Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document (revised)</b>	HR-1 Form (H)		Yes
<b>Supporting Document</b>	HR-1 Form (H)		Yes

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Certification		Yes
Form (revised)	PPO Individual Pediatric Dental Policy - High Plan		Yes
Form	PPO Individual Pediatric Dental Policy		Yes
Form (revised)	PPO Individual Pediatric Dental Policy - low Plan		Yes
Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – High Plan		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – Low Plan		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Pediatric Dental Attachment B (Services, Limitations and Exclusions)		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Pediatric Dental Attachment B-1 (Schedule of Covered Services)		Yes

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	PPO Individual Combined Supplemental Evidence of Coverage - High Plan		Yes
Form	PPO Individual Combined/Integrated EHB and Sup Dental Policy		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – High Plan		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – Low Plan		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment B (EHB Services, Limitations and Exclusions)		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment B-1 (EHB Schedule of Covered Services and Limitations)		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - High Plan		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - Low Plan		Yes



<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)		Yes
Form (revised)	FORM DELETED		Yes
Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)		Yes
Form	PPO Individual Combined Supplemental Evidence of Coverage - Low Plan		Yes
Form	PPO Individual Combined Supplemental Evidence of Coverage - High Plan		Yes
Form	PPO Individual Combined Supplemental Evidence of Coverage - High Plan		Yes
Rate	Dental Manual Rate Formula		Yes
Rate	Dental Manual Rate Formula		Yes
Rate	Attachment A		Yes
Rate	Actuarial Memorandums		Yes

## Final Disposition Letter

State Tracking #278917

Company: Dentegra Dental Insurance Company

Product Line: Individual Dental On-Exchange

### **Rate Implementation Summary**

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans

Child Only Pediatric: 2 plans ( High AV Plan, Low AV Plan)

Other Adult Plans: 2 plans (Preferred and Basic)

### **Rate Methodology**

Experience Used for Rate Setting: Dentegra Dental business.

2012 Experience Period Loss Ratio: 65.3% based on 38,308 members enrolled on National Dental Business with \$24.5 Million in premium.

Annual Dental Cost Trends: 4%.

### **Premium Retained to Cover Expenses, Taxes Fees and Profits**

Administrative costs: Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total 30.9% premium retained for the High AV plan, and 28.4% for the Low AV plan, shown as follows:

Admin Expenses: 15.0%

Commissions: 5.0%

Risk Margin: 5.5% for High Ped. Av plan and adult plans, and 3.0% for Low Ped. AV plan.

Premium Tax: 2.0%

PPACA Fees and Taxes: 2.0%

Exchange User Fee: 1.4%

## Final Disposition Letter

The expected loss ratios for 2014 are:

High Ped. Av Plan: 69.1%

Low Ped. AV Plan: 71.6%

Adult Plans: 69.1%

### Sample of Final Premium Levels

					Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Pueblo	
					Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 7	
Company	Network Name	Plan Type	Level of Coverage	Age	<u>Low</u>	<u>High</u>	<u>Low</u>	<u>High</u>	<u>Low</u>	<u>High</u>	<u>Low</u>	<u>High</u>	<u>Low</u>	<u>High</u>	<u>Low</u>	<u>High</u>
Dentegra Insurance Company	Dentegra Dental PPO	PPO	High AV	0-20	\$36.02	\$36.02	\$37.12	\$37.12	\$37.33	\$37.33	\$33.86	\$33.86	\$34.72	\$34.72	\$37.06	\$37.06
				27	\$36.02	\$60.94	\$37.12	\$62.81	\$37.33	\$63.17	\$33.86	\$57.29	\$34.72	\$58.74	\$37.06	\$62.71
			Low AV	0-20	\$29.57	\$29.57	\$30.47	\$30.47	\$30.65	\$30.65	\$27.80	\$27.80	\$28.50	\$28.50	\$30.42	\$30.42
				27	\$29.57	\$60.94	\$30.47	\$62.81	\$30.65	\$63.17	\$27.80	\$57.29	\$28.50	\$58.74	\$30.42	\$62.71

### Division Objections and Rate Changes During the Review Process

The Division objected to Dentegra retaining 3.5% of premium for the exchange user fee. The plan agreed to reduce that to 1.4%.

The Division objected to Dentegra retaining 2.5% of premium for the state premium tax. The plan agreed to reduce that to 2.0%.

The Division objected to Dentegra failing to support their retention of 19.0% of premium for their general expenses. The plan agreed to reduce to 15%.

### Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

---

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/01/2013
Submitted Date	08/01/2013
Respond By Date	08/02/2013

---

Dear Shelly Williams (Dentegra),

**Introduction:**

*This filing has been received, but before further action can be taken, please address the following:*

**Objection 1**

*- Actuarial Memorandum (Supporting Document)*

*Comments: Hi Shelly,*

*I just left you a message a little while ago regarding the dental filings for Dentegra Insurance Company. At the bottom of both Act Memos there is an Attachment A, we need you to have this as a separate PDF file and submit it to the Rate/Rules Schedule tab. We also need you to have the most current information on the Rate/Rules tab, there is information from 7/23 currently on the tab while in the supporting documents tab the newest submissions are from 7/30*

**Conclusion:**

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Sincerely,*

*Scott Campbell*

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/27/2013
Submitted Date	07/27/2013
Respond By Date	07/30/2013

Dear Shelly Williams (Dentegra),

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

*- Actuarial Memorandum (Supporting Document)*

*Comments: In the prior objection you were requested to provide complete actuarial support for how your administrative expenses were developed, and in prior objections from Cathy Gilliland you were directed that you must provide support for each retention component.*

*Your 19.0% admin expense (general expense) level is at the high end of all dental issuers, is not supported in your actuarial memorandum. This level of retention appears to be somewhat excessive as to what is typically being proposed by dental issuers with similar products.*

*The Division does not accept the 19% general expense level given the lack of support for this item.*

*Please provide the full actuarial development and support for how the 19.0% admin load was set. All support and rate adjustments would need to be completed, and all rating issues resolved, by no later than July 30th in order to guarantee that your rates can be sent to the Colorado Exchange for processing with all other filings.*

*I have requested Cathy Gilliland to arrange a tentative meeting to discuss on Monday afternoon July 29th. Please contact Cathy with in the Colorado DORA office regarding this meeting request.*

### Conclusion:

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/29/2013, which is within 2 calendar days from the date of this correspondence.*

*Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,  
Michael Muldoon

---

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/25/2013
Submitted Date	07/25/2013
Respond By Date	07/26/2013

---

Dear Shelly Williams (Dentegra),

### **Introduction:**

*This filing has been received, but before further action can be taken, please address the following:*

### **Objection 1**

*- Actuarial Memorandum (Supporting Document)*

*Comments: In our prior objection we directed you that the 3.5% load for Exchange user fees was invalid. The division does not accept the revisions made. We also indicated that the 2.5% premium tax should be 2.0%. It appears that you moved 2.6% from these two categories into the admin category. Please remove this 2.6% from your admin category and revise your rates to reflect this. Overall retention should have been reduced by 2.6%. Please provide support for the administrative retention component.*

### **Conclusion:**

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/26/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/26/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.*

*Sincerely,  
Nichole Boggess*

---

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/22/2013
Submitted Date	07/22/2013
Respond By Date	07/23/2013

---

Dear Shelly Williams (Dentegra),

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

*Comments: Objection 1: (Regulation HB 1245 indicates lives insured under dental plans will have user fees that must not exceed \$0.18 PMPM) The Exchange user fees of \$1.80 pmpm for Medical and \$0.18 pmpm dental are not being applied for 2014. These fees will not be included in premium going forward. They are directly collected by the Exchange starting 2015. Please refer to COHBE for information. Please remove the \$0.18pmpm from rates and any illustrations.*

### Conclusion:

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/23/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/23/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,

Cathy Gilliland

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/15/2013
Submitted Date	07/15/2013
Respond By Date	07/19/2013

Dear Shelly Williams (Dentegra),

### Introduction:

This filing has been received, but before further action can be taken, please address the following:

### Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: You indicate that you are building in 3.5% premium retention to cover the Exchange User Fee, and note FFM guidance.

In Colorado, which is a State Based Exchange, the COHBE Exchange User Fee is 1.4%. Please clarify.

Please verify that the 2.0% PPACA Fee load is for the Health Insurer Fee. Please show how the 2.0% was developed.

Please clarify what state the 2.5% premium tax applies to, in Colorado Issuers are typically at 2.0% premium tax.

Please clarify what the \$0.18 pmpm User Fee in Administrative Expenses is for.

### Objection 2

- Actuarial Memorandum (Supporting Document)

Comments: Please provide actuarial support showing how the 4% trend was developed, summary of analysis and data used.

### Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: Please provide a description of how the deductible credit works, describe all applicable periods and features.

### Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/19/2013, which is within 5 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,  
Michael Muldoon



**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/01/2013
Submitted Date	07/01/2013
Respond By Date	07/04/2013

Dear Shelly Williams (Dentegra),

### Introduction:

This filing has been received, but before further action can be taken, please address the following:

### Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

- a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.
- b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.

Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin

### Objection 2

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders. actual benefit ratio is missing.

### Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) List of Policy/Rider forms are not listed.

### Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/04/2013, which is within 4 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

---

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,  
Cathy Gilliland

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/01/2013
Submitted Date	07/01/2013
Respond By Date	07/04/2013

Dear Shelly Williams (Dentegra),

### Introduction:

This filing has been received, but before further action can be taken, please address the following:

### Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

- a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.
- b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.

Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin

### Objection 2

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders. actual benefit ratio is missing.

### Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) List of Policy/Rider forms are not listed.

### Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: regulation 4-2-11 section 6 (N) incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders. Actual benefit ratio is missing.

### Conclusion:

---

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

---

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/04/2013, which is within 4 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/04/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,  
Cathy Gilliland

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/17/2013
Submitted Date	06/17/2013
Respond By Date	07/01/2013

Dear Shelly Williams (Dentegra),

### Introduction:

This filing has been received, but before further action can be taken, please address the following:

### Objection 1

Comments: Please correct the Implementation date requested to 1/1/14 with a post submission update.

### Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk

### Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: (A) 3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.

General Information tab has (This is an initial rate filing and will be used when our Dental PPO product is sold direct or by a partnership relationship to individual inside the Colorado Health Benefit Exchange) Please make the necessary corrections.

### Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) 6 Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

### Objection 5

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (C) If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

### Objection 6

- Actuarial Memorandum (Supporting Document)

Comments: Please provide (G) through (N) on the Actuarial Memorandum.

### Objection 7

- Actuarial Memorandum (Supporting Document)

Comments: Please date the Actuarial Certification-Regulation 4-2-11 section 5

### Objection 8

- Dental Manual Rate Formula, [PIP-CO-DIC and XIP-CO-DIC] (Rate)

Comments: rates: regulation 4-6-7 Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors

Emancipated minors and persons ages 20 through 24

Age 25 through 29

Age 30 through 34

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

Age 35 through 39  
Age 40 through 44  
Age 45 through 49  
Age 50 through 54  
Age 55 through 59  
Age 60 through 64  
Age 65 and older: Medicare is primary payer  
Age 65 and older: Medicare is secondary payer

### Objection 9

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided.

### Objection 10

- Actuarial Memorandum (Supporting Document)

Comments: Actuarial Memo (N) Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

### Objection 11

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.

### Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/01/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/01/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

---

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

Cathy Gilliland

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/02/2013
Submitted Date	08/02/2013

Dear Cathy Gilliland,

### Introduction:

### Response 1

#### Comments:

Attachment A is now included as a separate PDF file in the Rate/Rules tab.  
Also, HR-1 form has been updated. Items 14 and 22 have been revised.  
Finally, the 7/30/13 Actuarial Memorandums are included in the Rate/Rule tab.

### Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Hi Shelly,

I just left you a message a little while ago regarding the dental filings for Dentegra Insurance Company. At the bottom of both Act Memos there is an Attachment A, we need you to have this as a separate PDF file and submit it to the Rate/Rules Schedule tab. We also need you to have the most current information on the Rate/Rules tab, there is information from 7/23 currently on the tab while in the supporting documents tab the newest submissions are from 7/30

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	HR-1 Form (H)
<b>Comments:</b>	Items 14 and 22 have been updated on the HR-1 form.
<b>Attachment(s):</b>	CO HR1 Individual Inside 2013 08 02.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	HR-1 Form (H)
<b>Comments:</b>	
<b>Attachment(s):</b>	CO HR1 Individual Inside.pdf



<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Attachment A	PIP85-CO-DIC, PIP70-CO-DIC, XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC	New		Attachment A Dentegra CO Pediatric PPO Individual 2013 08 02.pdf, Attachment A Dentegra CO Supplemental PPO Individual 2013 08 02.pdf,	08/02/2013 By: Shelly Williams
2	Actuarial Memorandums	PIP85-CO-DIC, PIP70-CO-DIC, XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC	New		Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 30.pdf, Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 30.pdf,	08/02/2013 By: Shelly Williams

**Conclusion:**

Sincerely,  
Shelly Williams

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2013
Submitted Date	07/30/2013

Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

The administrative expenses have been reduced to 15% consisting of Acquisition & Services at 7%, General Overhead at 4%, and Claims Processing at 4%. The actuarial memorandums have been revised.

### **Related Objection 1**

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: In the prior objection you were requested to provide complete actuarial support for how your administrative expenses were developed, and in prior objections from Cathy Gilliland you were directed that you must provide support for each retention component.

Your 19.0% admin expense (general expense) level is at the high end of all dental issuers, is not supported in your actuarial memorandum. This level of retention appears to be somewhat excessive as to what is typically being proposed by dental issuers with similar products.

The Division does not accept the 19% general expense level given the lack of support for this item.

Please provide the full actuarial development and support for how the 19.0% admin load was set. All support and rate adjustments would need to be completed, and all rating issues resolved, by no later than July 30th in order to guarantee that your rates can be sent to the Colorado Exchange for processing with all other filings.

I have requested Cathy Gilliland to arrange a tentative meeting to discuss on Monday afternoon July 29th. Please contact Cathy with in the Colorado DORA office regarding this meeting request.

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 30.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 30.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 23.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 23.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 17.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 17.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Shelly Williams

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/26/2013
Submitted Date	07/26/2013

Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

Please see the revised actuarial memorandums. Thank you.

### **Related Objection 1**

Applies To:

- Actuarial Memorandum (Supporting Document)

**Comments:** In our prior objection we directed you that the 3.5% load for Exchange user fees was invalid. The division does not accept the revisions made. We also indicated that the 2.5% premium tax should be 2.0%. It appears that you moved 2.6% from these two categories into the admin category. Please remove this 2.6% from your admin category and revise your rates to reflect this. Overall retention should have been reduced by 2.6%. Please provide support for the administrative retention component.

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 23.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 23.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>



<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 17.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 17.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

**Conclusion:**

Sincerely,  
Shelly Williams

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/23/2013
Submitted Date	07/23/2013

Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

Please see the revised Actuarial Memorandums.

### **Related Objection 1**

Comments: Objection 1: (Regulation HB 1245 indicates lives insured under dental plans will have user fees that must not exceed \$0.18 PMPM) The Exchange user fees of \$1.80 pmpm for Medical and \$0.18 pmpm dental are not being applied for 2014. These fees will not be included in premium going forward. They are directly collected by the Exchange starting 2015. Please refer to COHBE for information. Please remove the \$0.18pmpm from rates and any illustrations.

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 23.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 23.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 17.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 17.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
1	PPO Individual Pediatric Dental Policy	PIP-CO-DIC	POL	Initial		53.100		Date Submitted: 06/13/2013 By: Shelly Williams
2	PPO Individual Pediatric Dental Policy - low Plan	PIP70-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
2	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – High Plan	PIAtAhi-CO-DIC	OUT	Initial		64.000		Date Submitted: 06/13/2013 By: Shelly Williams
3	FORM DELETED	PIAtAlo-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								



<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
3	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – Low Plan	PIAtAlo-CO-DIC	OTH	Initial		67.300		Date Submitted: 06/13/2013 By: Shelly Williams
4	FORM DELETED	PIAtB-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
4	PPO Individual Pediatric Dental Attachment B (Services, Limitations and Exclusions)	PIAtB-CO-DIC	OTH	Initial		54.500		Date Submitted: 06/13/2013 By: Shelly Williams
5	FORM DELETED	PIAtB1-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
5	PPO Individual Pediatric Dental Attachment B-1 (Schedule of Covered Services)	PIAtB1-DIC	OTH	Initial		54.300		Date Submitted: 06/13/2013 By: Shelly Williams
6	PPO Individual Combined Supplemental Evidence of Coverage - High Plan	XIP85hi-CO-DIC	POL	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
6	PPO Individual Combined/Integrated EHB and Sup Dental Policy	XIP-CO-DIC	POL	Initial		51.500		Date Submitted: 06/13/2013 By: Shelly Williams
7	FORM DELETED	XIAAtAhi-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
7	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – High Plan	XIAtAhi-CO-DIC	OTH	Initial		61.100		Date Submitted: 06/13/2013 By: Shelly Williams
8	FORM DELETED	XIAtAlo-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
8	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – Low Plan	XIAtAlo-CO-DIC	OTH	Initial		61.100		Date Submitted: 06/13/2013 By: Shelly Williams

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
9	FORM DELETED	XIAtB-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
9	PPO Individual Combined Attachment B (EHB Services, Limitations and Exclusions)	XIAtB-CO-DIC	OTH	Initial		50.400		Date Submitted: 06/13/2013 By: Shelly Williams
10	FORM DELETED	XIAtB1-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
10	PPO Individual Combined Attachment B-1 (EHB Schedule of Covered Services and Limitations)	XIAtB1-DIC	OTH	Initial		54.300		Date Submitted: 06/13/2013 By: Shelly Williams

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
11	FORM DELETED	XIAtChi-CO-DIC	OTH	Other	Form Deleted	52.800		Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
11	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - High Plan	XIAtChi-CO-DIC	OTH	Initial		52.800		Date Submitted: 06/13/2013 By: Shelly Williams
12	FORM DELETED	XIAtClo-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
12	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - Low Plan	XIAAtClo-CO-DIC	OTH	Initial		52.800		Date Submitted: 06/13/2013 By: Shelly Williams
13	FORM DELETED	XIAAtDhi-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
13	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)	XIAAtDhi-CO-DIC	OTH	Initial		50.400		Date Submitted: 06/13/2013 By: Shelly Williams
14	FORM DELETED	XIAAtDlo-CO-DIC	OTH	Other	Form Deleted			Date Submitted: 07/23/2013 By: Shelly Williams

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
<i>Previous Version</i>								
14	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)	XIAAtDlo-CO-DIC	OTH	Initial		50.400		Date Submitted: 06/13/2013 By: Shelly Williams
15	PPO Individual Combined Supplemental Evidence of Coverage - Low Plan	XIP85lo-CO-DIC	OTH	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams
16	PPO Individual Combined Supplemental Evidence of Coverage - High Plan	XIP70hi-CO-DIC	OTH	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	PIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
17	PPO Individual Combined Supplemental Evidence of Coverage - High Plan	XIP70lo-CO-DIC	OTH	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams



<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Dental Manual Rate Formula	PIP-CO-DIC and XIP-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls, Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 23.pdf, Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 23.pdf,	07/23/2013 By: Shelly Williams
Previous Version						

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Rate/Rule Schedule Item Changes						
1	Dental Manual Rate Formula	PIP-CO-DIC and XIP-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf, Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls,	06/13/2013 By: Shelly Williams

**Conclusion:**

Sincerely,  
Shelly Williams

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/18/2013
Submitted Date	07/19/2013

Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

*The actuarial memorandums have been revised to show 1.4% Exchange User Fee.*

*Dentegra has relied upon analysis from Oliver Wyman in the development of the 2% PPACA tax allocation. Based on these reviews, for-profit entities are assumed to have a 2% PPACA tax, and not-for-profit entities are assumed to be half of the for-profit as disclosed in the PPACA Act.*

*The actuarial memorandums have been revised to show 2.0% the premium tax.*

*Regulation HB 1245 indicates lives insured under dental plans will have user fees that must not exceed \$0.18 PMPM.*

### **Related Objection 1**

*Applies To:*

*- Actuarial Memorandum (Supporting Document)*

*Comments: You indicate that you are building in 3.5% premium retention to cover the Exchange User Fee, and note FFM guidance. In Colorado, which is a State Based Exchange, the COHBE Exchange User Fee is 1.4%. Please clarify.*

*Please verify that the 2.0% PPACA Fee load is for the Health Insurer Fee. Please show how the 2.0% was developed.*

*Please clarify what state the 2.5% premium tax applies to, in Colorado Issuers are typically at 2.0% premium tax.*

*Please clarify what the \$0.18 pmpm User Fee in Administrative Expenses is for.*

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 17.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 17.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

**Comments:**

*This trend is reasonable given that the actual dental trend in the 2012 Segal Health Plan Cost Trend Survey was 4% for 2012.*

**Related Objection 2**

*Applies To:*

*- Actuarial Memorandum (Supporting Document)*

*Comments: Please provide actuarial support showing how the 4% trend was developed, summary of analysis and data used.*

**Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 17.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 17.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 3



<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

**Comments:**

*These are the individual policies/rates. The deductible takeover only applies to the group forms/rates.*

*For group, Deductible takeover applies when the original Effective Date is other than January (other words Contract Term runs on a Contract Year basis instead of a Calendar Year basis) but Deductibles accumulate on a Calendar Year basis. Each Enrollees Deductible amount that has accumulated from January to their termination date is calculated and applied towards the remainder of the Calendar Year.*

**Related Objection 3**

*Applies To:*

- Actuarial Memorandum (Supporting Document)

*Comments: Please provide a description of how the deductible credit works, describe all applicable periods and features.*

**Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 17.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 17.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

Sincerely,  
Shelly Williams

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/02/2013  
Submitted Date 07/02/2013

Dear Cathy Gilliland,

### Introduction:

*This objection letter is a repeat. I just responded to this objection letter. I think this was sent accidentally.*

### Response 1

#### Comments:

*The Actuarial Memorandums have been revised.*

### Related Objection 1

*Applies To:*

*- Actuarial Memorandum (Supporting Document)*

*Comments: Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.*

*a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.*

*b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.*

*Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin*

### Changed Items:

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### Response 2

#### Comments:

*The Actuarial Memorandums have been revised.*

### Related Objection 2

*Applies To:*

*- Actuarial Memorandum (Supporting Document)*

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders. actual benefit ratio is missing.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 3****Comments:**

The Actuarial Memorandums have been revised. The form numbers are listed on page 1, Summary section, item 6.

**Related Objection 3**

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) List of Policy/Rider forms are not listed.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,

Shelly Williams

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/02/2013
Submitted Date	07/02/2013

Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

The Actuarial Memorandums have been revised.

### **Related Objection 1**

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.

b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.

Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>



<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

The Actuarial Memorandums have been revised.

## Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.

actual benefit ratio is missing.

## Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

The Actuarial Memorandums have been revised. The list of policy form numbers are included on page 1, Summary section, item 6. The form numbers are also listed on the Form Schedule tab.

### Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) List of Policy/Rider forms are not listed.

### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 4

##### Comments:

The Actuarial Memorandums have been revised.

#### Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: regulation 4-2-11 section 6 (N) incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.

Actual benefit ratio is missing.

#### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p> <p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</i></p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

Sincerely,  
Shelly Williams

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/27/2013
Submitted Date	07/01/2013

Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

The Implementation Date requested has been changed to 1/1/14. Please see the Post Submission Update for more information.

### **Related Objection 1**

Comments: Please correct the Implementation date requested to 1/1/14 with a post submission update.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Response 2**

#### **Comments:**

My apologies for not completing the Lead Form Number field. For your reference, the lead form numbers are PIP-CO-DIC and XIP-CO-DIC. In future filings, I will complete the Lead Form Number field. Thank you for your patience.

### **Related Objection 2**

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.



<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

### Response 3

#### Comments:

The Actuarial Memorandum has been revised.

### Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: (A) 3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.

General Information tab has (This is an initial rate filing and will be used when our Dental PPO product is sold direct or by a partnership relationship to individual inside the Colorado Health Benefit Exchange) Please make the necessary corrections.

### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

#### **Response 4**

##### **Comments:**

The Actuarial Memorandum has been revised.

#### **Related Objection 4**

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) 6 Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

#### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

### **Response 5**

#### **Comments:**

*The rating period is for twelve months; the Actuarial Memorandums have been revised.*

### **Related Objection 5**

*Applies To:*

- Actuarial Memorandum (Supporting Document)

*Comments: Regulation 4-2-11 section 6 (C) If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.*

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

### **Response 6**

#### **Comments:**

*The Actuarial Memorandums have been revised to include (G) through (N).*

### **Related Objection 6**

*Applies To:*

*- Actuarial Memorandum (Supporting Document)*

*Comments: Please provide (G) through (N) on the Actuarial Memorandum.*

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.



<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

### **Response 7**

#### **Comments:**

*The Actuarial Memorandum has been revised to include the date.*

### **Related Objection 7**

*Applies To:*

*- Actuarial Memorandum (Supporting Document)*

*Comments: Please date the Actuarial Certification-Regulation 4-2-11 section 5*

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Colorado	Filing Company:	Dentegra Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	DIC HCR IND PPO RATES - PPACA Dental Filing		
Project Name/Number:	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

### Response 8

#### Comments:

Dentegra does not use age to calculate rates, therefore, the twelve mandated age categories are not applicable.

### Related Objection 8

Applies To:

- Dental Manual Rate Formula, [PIP-CO-DIC and XIP-CO-DIC] (Rate)

Comments: rates: regulation 4-6-7 Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors

Emancipated minors and persons ages 20 through 24

Age 25 through 29

Age 30 through 34

Age 35 through 39

Age 40 through 44

Age 45 through 49

Age 50 through 54

Age 55 through 59

Age 60 through 64

Age 65 and older: Medicare is primary payer

Age 65 and older: Medicare is secondary payer

#### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 9

#### Comments:

The Actuarial Memorandums have been revised.

### Related Objection 9

Applies To:

- Actuarial Memorandum (Supporting Document)

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

*Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided.*

**Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Response 10

### Comments:

The Actuarial Memorandums have been revised.

## Related Objection 10

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Actuarial Memo (N) Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

## Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

### Response 11

#### Comments:

The Actuarial Memorandums have been revised.

### Related Objection 11

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.

#### Changed Items:



<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	<p>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</p> <p>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</p>
<b>Attachment(s):</b>	<p>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</p> <p>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</p> <p>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</p> <p>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf</p> <p>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<p><i>Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.</i></p> <p><i>Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.</i></p>
<b>Attachment(s):</b>	<p><i>Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf</i></p> <p><i>Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf</i></p> <p><i>Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf</i></p> <p><i>Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls</i></p> <p><i>Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls</i></p>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

**Conclusion:**

Please contact me if you have any questions. Thank you.

Sincerely,

Shelly Williams

---

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Note To Filer

**Created By:**

Nichole Boggess on 08/08/2013 04:46 PM

**Last Edited By:**

Nichole Boggess

**Submitted On:**

08/08/2013 04:46 PM

**Subject:**

Disposition letter

**Comments:**

Sent revised disposition letter

---

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Note To Filer

**Created By:**

Nichole Boggess on 08/02/2013 04:47 PM

**Last Edited By:**

Nichole Boggess

**Submitted On:**

08/02/2013 04:47 PM

**Subject:**

Letter

**Comments:**

Sent corrected letter.

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H101 Individual Health - Dental/H101.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Note To Reviewer

**Created By:**

Shelly Williams on 07/29/2013 06:06 PM

**Last Edited By:**

Nichole Boggess

## Submitted On:

08/02/2013 04:40 PM

**Subject:**

## Response to Objection 7/29

**Comments:**

Per our teleconference call late this afternoon, Mr. Muldoon extended the deadline to tomorrow, Tuesday July 30th. I just want to document this. Thank you.

---

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Note To Reviewer

**Created By:**

Shelly Williams on 07/19/2013 03:35 PM

**Last Edited By:**

Nichole Boggess

**Submitted On:**

08/02/2013 04:40 PM

**Subject:**

Revised Forms

**Comments:**

Dentegra received objection letters regarding its Colorado forms filings. The forms had to be revised to comply with 10-16-737, CRS and Regulation 4-2-34. As a result, the form numbers changed. Please see the Form Schedule tab for more information. Please note that SERFF does not allow users to delete form information on the Form Schedule tab. For those forms no longer part of this filing, you will see the notation "Deleted Form".

The Actuarial Memorandums have been updated to include the new form numbers (page 1, Summary, Section 6).

Thank you.

**State:** Colorado **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** DIC HCR IND PPO RATES - PPACA Dental Filing  
**Project Name/Number:** DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Note To Reviewer

**Created By:**

Shelly Williams on 07/01/2013 03:14 PM

**Last Edited By:**

Nichole Boggess

**Submitted On:**

08/02/2013 04:40 PM

**Subject:**

Objection 3

**Comments:**

Hello,

I am reviewing your objections. I have a question regarding the following objection:

•Actuarial Memorandum (Supporting Document)

Comments:Regulation 4-2-11 section 6 (A) List of Policy/Rider forms are not listed.

Please note the lead form number is listed at the top of each Actuarial Memorandum submitted. Do you want all policy forms (i.e. all form numbers) listed in the Form Schedule tab to be listed on the Actuarial Memorandums? Please let me know so I can submit the response correctly.

Thank you.

---

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Note To Filer

**Created By:**

Cathy Gilliland on 07/01/2013 02:12 PM

**Subject:**

duplication of objections

**Comments:**

Sorry, please disregard the 2 seperate objections on same day



State: Colorado Filing Company: Dentegra Insurance Company  
 TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental  
 Product Name: DIC HCR IND PPO RATES - PPACA Dental Filing  
 Project Name/Number: DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing

## Post Submission Update Request Processed On 07/01/2013

Status: Allowed  
 Created By: Shelly Williams  
 Processed By: Cathy Gilliland  
 Comments:

### General Information:

Field Name	Requested Change	Prior Value
Implementation Date Requested	01/01/2014	10/01/2013

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		PPO Individual Pediatric Dental Policy - DIC High Plan	PIP85-CO-DIC	POL	Initial		53.100	
2		PPO Individual Pediatric Dental Policy - DIC low Plan	PIP70-CO-DIC	POL	Initial		53.100	
3		FORM DELETED	PIAtAlo-CO-DIC	OTH	Other	Form Deleted		
4		FORM DELETED	PIAtB-CO-DIC	OTH	Other	Form Deleted		
5		FORM DELETED	PIAtB1-DIC	OTH	Other	Form Deleted		
6		PPO Individual Combined Supplemental Evidence of Coverage - High Plan	XIP85hi-CO-DIC	POL	Initial		51.500	
7		FORM DELETED	XIAtAhi-CO-DIC	OTH	Other	Form Deleted		
8		FORM DELETED	XIAtAlo-CO-DIC	OTH	Other	Form Deleted		
9		FORM DELETED	XIAtB-CO-DIC	OTH	Other	Form Deleted		
10		FORM DELETED	XIAtB1-DIC	OTH	Other	Form Deleted		

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
11		FORM DELETED	XIAtChi-CO-DIC	OTH	Other	Form Deleted	52.800	
12		FORM DELETED	XIAtClo-CO-DIC	OTH	Other	Form Deleted		
13		FORM DELETED	XIAtDhi-CO-DIC	OTH	Other	Form Deleted		
14		FORM DELETED	XIAtDlo-CO-DIC	OTH	Other	Form Deleted		
15		PPO Individual Combined Supplemental Evidence of Coverage - Low Plan	XIP85lo-CO-DIC	OTH	Initial		51.500	
16		PPO Individual Combined Supplemental Evidence of Coverage - High Plan	XIP70hi-CO-DIC	OTH	Initial		51.500	
17		PPO Individual Combined Supplemental Evidence of Coverage - High Plan	XIP70lo-CO-DIC	OTH	Initial		51.500	

**Form Type Legend:**

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
--------------------------	----------------	--------------------------	--------	----------------------------	--

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	%
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Dentegra Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

## Rate/Rule Schedule

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Dental Manual Rate Formula	PIP-CO-DIC and XIP-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls, Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 23.pdf, Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 23.pdf,

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

2		Attachment A	PIP85-CO-DIC, PIP70-CO-DIC, XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC	New		Attachment A Dentegra CO Pediatric PPO Individual 2013 08 02.pdf, Attachment A Dentegra CO Supplemental PPO Individual 2013 08 02.pdf,
3		Actuarial Memorandums	PIP85-CO-DIC, PIP70-CO-DIC, XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC	New		Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 30.pdf, Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 30.pdf,



<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

***Attachment Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls is not a PDF document and cannot be reproduced here.***

***Attachment Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls is not a PDF document and cannot be reproduced here.***

# DENTEGRA INSURANCE COMPANY

## DENTAL MANUAL RATE FORMULA

### Table of Contents

Exhibit I	Rating Formula Summary
Exhibit II	Miscellaneous Factors
Exhibit III	Cost per User
Exhibit IV	Utilization
Exhibit V	Administrative Charges
Exhibit VI	Region Definitions
Exhibit VII	Area Factors
Exhibit VIII	Waiting Period Credit
Exhibit IX	Maximum & Deductible Credits
Exhibit X	Individual Adjustment Factors
Exhibit XI	PPO Discount Factors
Exhibit XII	Richness of Benefits Adjustment Factors
Exhibit XIII	Orthodontia Rates
Exhibit XIV	Out of Pocket Maximum
Exhibit XV	TMJ Rates
Exhibit XVI	Dental Accident
Exhibit XVII	Sample Rate Calculation

# Exhibit I

## Rating Formula Summary

	<u>Adult</u>	<u>Child</u>	<u>Comments</u>
	Cost per User	Cost per User	Exhibit III
x	Utilization	Utilization	Exhibit IV
x	Coinsurance	Coinsurance	Input
x	Trend	Trend	Exhibit II
/	Misc_Dent_Fact	Misc_Dent_Fact	Exhibit II
/	12	12	Monthly rate
=	Monthly Rates	Monthly Rates	
	Total Monthly Rates	Total Monthly Rates	Total across all lines of service
-	Waiting Period Credit	Waiting Period Credit	Exhibit VIII
-	Maximum Credit	Maximum Credit	Exhibit IX
-	Deductible Credit	Deductible Credit	Exhibit IX
=	Rate less Credits	Rate less Credits	
x	Sealant Adj	Sealant Adj	Exhibit II
x	Individual Adj	Individual Adj	Exhibit X
x	Richness of Benefits Adj	Richness of Benefits Adj	Exhibit XII
x	PPO Disc	PPO Disc	Exhibit XI
=	Adj Rate	Adj Rate	
+	Adult Ortho Rate	Child Ortho Rate	Exhibit XIII
+	OOP Max Rate	OOP Max Rate	Exhibit XIV
+	TMJ Rate	TMJ Rate	Exhibit XV
=	Adj Rate	Adj Rate	
x	Multi-Child OOP Max	Multi-Child OOP Max	Exhibit XIV
x	Dental Accident	Dental Accident	Exhibit XVI
=	Service Cost Rate	Service Cost Rate	
/	(1-Total Admin)	(1-Total Admin)	Exhibit V
=	Total Adult Rate	Total Child Rate	

## Exhibit II

### Miscellaneous Factors

<u>Factor</u>	<u>Definition</u>
A	Deductible per Individual
B	Adult: Max [ 0.50, Diagnostic coinsur x 0.4602 + Preventive coinsur x 0.5398 ]
B	Child: Max [ 0.50, Diagnostic coinsur x 0.4575 + Preventive coinsur x 0.5425 ]
C	Adult: If Crown coinsur < 50% then 1.2586 - 0.005172 x Crown coinsur; else 1.00
C	Child: 1.00
M	Min [ 12, Prosth Waiting Period in Months ] / 12
N	Min [ 12, Crowns Waiting Period in Months ] / 12
P	Adult: Max [ 0.50, Dentures coinsur x 0.2721 + Bridges coinsur x 0.7279 ]
P	Child: Max [ 0.50, Dentures coinsur x 0.9241 + Bridges coinsur x 0.0759 ]
Y	$1.0 - 0.4^{(0.001 \times \text{Maximum}^{1.06})}$ (if Maximum > 0)
Y	$1.0 - 0.4^{(0.001 \times 9999^{1.06})}$ (if Maximum = 0)
Z	Max [ 0.50, Crown coinsur ]
Admin	See Exhibit V
Category 1 Table	See Exhibit VIII
Trend Factor	1.04 for calendar year 2014
Area_Fact	The factor to adjust to the zip code within the state (See Exhibit VI and VII)
Ded_Factor	$0 \leq \text{deductible per individual} \leq 25, \text{deductible per individual} / 25 * .02$ $25 < \text{deduct/individual} \leq 50, ((\text{deduct/individual} - 25) / 25 * (.035 - .02)) + .02$ $50 < \text{deduct/individual} \leq 100, ((\text{deduct/individual} - 25) / 25 * (.05 - .035)) + .035$ $\text{deductible per individual} > 100, .05$
Sealant Adj	If sealants are covered under D&P, 1.0143 If sealants are covered under Basic or Major, 1.0000

	<u>Adult</u>	<u>Child</u>
State_Fact	0.8237	0.8851
Stabilization	0.9985	0.9235
U_D&P_Coeff	1.4618	1.4618
U_D&P^2_Coeff	-0.7467	-0.7467
Misc_Dent_Fact	0.9894	0.9704
Rest_Usage	0.4348	0.5602
OtherBasic_Usage	0.5652	0.4398
Util - Basic LOS	0.3304	0.4436
Util - Crown LOS	0.2765	0.0380
Util - Prosth LOS	0.1699	0.0123
Wait_Fact	0.13145	0.13145
State Fee Base	1.0000	1.0000

<u>Max_Credit_Adj</u>			
<u>Maximum</u>	<u>Factor</u>	<u>Maximum</u>	<u>Factor</u>
<500	0.80	800 - 849	0.92
500 - 549	0.82	850 - 899	0.94
550 - 599	0.84	900 - 949	0.96
600 - 649	0.86	950 - 999	0.98
650 - 699	0.88	1,000 +	1.00
700 - 799	0.90		

## Exhibit III

### Cost per User

#### Diagnostic and Preventive:

Cost Per User = [Constant + Ded\_Coeff x A + Max\_Coeff x Y + D&P\_Coeff x B + Crown\_Coeff x Z + Prosth\_Coeff x P]  
x (1-Ded\_Factor) x Area\_Factor x State\_Fact x State Fee Base x Stabilization

#### Simple Restorations:

Cost Per User = [Constant + Ded\_Coeff x A + Max\_Coeff x Y + D&P\_Coeff x B + Crown\_Coeff x Z + Prosth\_Coeff x P]  
x C x Area\_Fact x State\_Fact x State Fee Base x Stabilization

#### Other Basic, Crowns and Prosthodontics

Cost Per User = [Constant + Ded\_Coeff x A + Max\_Coeff x Y + D&P\_Coeff x B + Crown\_Coeff x Z + Prosth\_Coeff x P]  
x Area\_Fact x State\_Fact x State Fee Base x Stabilization

Adult	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	115.6018	-	144.2400	-	80.2062	-
Diagnostic	122.0375	-	-	-	-	-
Other Basic	176.9245	-	73.9232	-	-	-
Preventive	118.8500	-	-	-	-	-
Prosthodontics	91.7120	-	70.1486	-	-	146.6363
Simple Restorations	139.8131	-	31.1946	-	-	-

Child	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	19.1732	-	-	-	-	-
Diagnostic	95.1741	-	30.3370	-	-	-
Other Basic	111.8548	-	-	-	-	-
Preventive	113.2947	-	-	15.2131	-	-
Prosthodontics	6.7241	-	-	-	-	-
Simple Restorations	146.5248	-	-	-	-	-

## Exhibit IV Utilization

Utilization =

(Adult)  $\text{Max} [ 0.50, (U\_D\&P\_Coeff \times B + U\_D\&P^2\_Coeff \times B^2) \times .79195 ]$

(Child)  $\text{Max} [ 0.50, (U\_D\&P\_Coeff \times B + U\_D\&P^2\_Coeff \times B^2) \times .79195 ] \times 0.90$

Note

See Exhibit II for miscellaneous factors.

## Exhibit V Individual Administrative Charges

	High		Low	
	Supplemental Dental	Pediatric EHB Dental	Supplemental Dental	Pediatric EHB Dental
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	5.50%	5.50%	3.00%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commission	5.00%	5.00%	5.00%	5.00%
Total	37.50%	37.50%	37.50%	35.00%

## Exhibit VI

### Region Definitions

<u>State</u>	<u>Zip</u>	<u>County</u>	<u>Region</u>
CO	800	Adams	Rating Area 3
CO	801	Adams	Rating Area 3
CO	802	Adams	Rating Area 3
CO	806	Adams	Rating Area 3
CO	811	Alamosa	Rating Area 8
CO	800	Arapahoe	Rating Area 3
CO	801	Arapahoe	Rating Area 3
CO	802	Arapahoe	Rating Area 3
CO	811	Archuleta	Rating Area 10
CO	810	Baca	Rating Area 8
CO	810	Bent	Rating Area 8
CO	800	Boulder	Rating Area 1
CO	803	Boulder	Rating Area 1
CO	804	Boulder	Rating Area 1
CO	805	Boulder	Rating Area 1
CO	800	Broomfield	Rating Area 3
CO	812	Chaffee	Rating Area 8
CO	808	Cheyenne	Rating Area 8
CO	804	Clear Creek	Rating Area 3
CO	811	Consejos	Rating Area 8
CO	811	Costilla	Rating Area 8
CO	810	Crowley	Rating Area 8
CO	812	Custer	Rating Area 8
CO	814	Delta	Rating Area 10
CO	802	Denver	Rating Area 3
CO	813	Dolores	Rating Area 10
CO	801	Douglas	Rating Area 3
CO	804	Eagle	Rating Area 11
CO	816	Eagle	Rating Area 11
CO	801	El Paso	Rating Area 2
CO	808	El Paso	Rating Area 2
CO	809	El Paso	Rating Area 2
CO	801	Elbert	Rating Area 3
CO	808	Elbert	Rating Area 3
CO	812	Fremont	Rating Area 8
CO	816	Garfield	Rating Area 11
CO	804	Gilpin	Rating Area 3
CO	804	Grand	Rating Area 10
CO	812	Gunnison	Rating Area 10
CO	814	Gunnison	Rating Area 10
CO	812	Hinsdale	Rating Area 10
CO	810	Huerfano	Rating Area 8
CO	804	Jackson	Rating Area 10
CO	800	Jefferson	Rating Area 3
CO	801	Jefferson	Rating Area 3
CO	802	Jefferson	Rating Area 3

<u>State</u>	<u>Zip</u>	<u>County</u>	<u>Region</u>
CO	804	Jefferson	Rating Area 3
CO	810	Kiowa	Rating Area 8
CO	808	Kit Carson	Rating Area 8
CO	811	La Plata	Rating Area 10
CO	813	La Plata	Rating Area 10
CO	802	Lake Moffat	Rating Area 10
CO	804	Lake Moffat	Rating Area 10
CO	805	Larimer	Rating Area 4
CO	810	Las Animas	Rating Area 8
CO	808	Lincoln	Rating Area 8
CO	807	Logan	Rating Area 9
CO	815	Mesa	Rating Area 5
CO	816	Mesa	Rating Area 5
CO	811	Mineral	Rating Area 8
CO	813	Montezuma	Rating Area 10
CO	812	Montrose	Rating Area 10
CO	814	Montrose	Rating Area 10
CO	806	Morgan	Rating Area 9
CO	807	Morgan	Rating Area 9
CO	810	Otero	Rating Area 8
CO	814	Ouray	Rating Area 10
CO	804	Park	Rating Area 3
CO	808	Park	Rating Area 3
CO	807	Phillips	Rating Area 9
CO	816	Pitkin	Rating Area 11
CO	810	Prowers	Rating Area 8
CO	810	Pueblo	Rating Area 7
CO	816	Rio Blanco	Rating Area 10
CO	811	Rio Grande	Rating Area 8
CO	804	Routt	Rating Area 10
CO	816	Routt	Rating Area 10
CO	811	Saguache	Rating Area 8
CO	812	Saguache	Rating Area 8
CO	814	San Juan	Rating Area 10
CO	813	San Miguel	Rating Area 10
CO	814	San Miguel	Rating Area 10
CO	807	Sedgwick	Rating Area 9
CO	804	Summit	Rating Area 11
CO	808	Teller	Rating Area 2
CO	807	Washington	Rating Area 9
CO	808	Washington	Rating Area 9
CO	805	Weld	Rating Area 6
CO	806	Weld	Rating Area 6
CO	807	Weld	Rating Area 6
CO	807	Yuma	Rating Area 9
CO	808	Yuma	Rating Area 9

## Exhibit VII

### Area Factors

<u>Region</u>	<u>Area Factor</u>
Region 1	1.0053
Region 2	1.0361
Region 3	1.0420
Region 4	0.9451
Region 5	0.9690
Region 6	0.9451
Region 7	1.0345
Region 8	0.9756
Region 9	0.9451
Region 10	0.9424
Region 11	0.9904

## Exhibit VIII

### Waiting Period Credit

Waiting Period Credit =  
[ (Cost\_per\_User\_Prosth x M x Prosth Coinsurance +  
Cost\_Per\_User\_Crowns x N x Crown Coinsurance ) x  
Wait\_Fact x Trend x Area\_Fact / (Misc\_Dent\_Fact) ]  
x Util / 12

Note

See Exhibit II for miscellaneous factors.



## Exhibit IX(a)

### Maximum & Deductible Credits

#### Deductible Credit Calculation

<u>Description</u>	<u>Formula</u>
(1) Ded Lower Limit	0 if D&P not exempt; otherwise: $(\text{Diag\_Cost\_per\_User} + \text{Prev\_Cost\_per\_User}) / (\text{Stabilization})$
(2) Ded Upper Limit	$(1) + \text{Deductible} / (\text{State\_Fact} \times \text{Area\_Fact} \times \text{Trend})$
(3) % Ded Lower	0 if D&P not exempt; otherwise: $[(1) - (\text{next cost bracket} < (1) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (1) \text{ and cost bracket} < (1))$
(4) % Ded Upper	0 if D&P not exempt; otherwise: $[(2) - (\text{next cost bracket} < (2) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (2) \text{ and cost bracket} < (2))$
(5) Freq Ded Lower	Actual number of cases for (1) from Category 1 Table (interpolated value using (3))
(6) Freq Ded Upper	Actual number of cases for (2) from Category 1 Table (interpolated value using (4))
(7) Amount Ded Lower	Actual approved amount for (1) from Category 1 Table (interpolated value using (3))
(8) Amount Ded Upper	Actual approved amount for (2) from Category 1 Table (interpolated value using (4))
(9) Ded Credit	$[(8) - (7) - (2) \times (6) + (1) \times (5)] / (17) + (2) - (1)$
(10) Ded Credit with Factors	$(9) \times \text{Trend} \times \text{Area\_Fact} \times \text{State\_Fact}$
(11) Ded Credit with Coinsur Monthly Ded Credit	$(10) \times (\text{Simple Restoration Coins} \times \text{Rest\_Usage} + \text{Other Basic Coins} \times \text{OtherBasic\_Usage}) \times \text{Stabilization} \times \text{Util}$ $(11) / 12$

#### Maximum Credit Calculation

<u>Description</u>	<u>Formula</u>
(12) Max Limit	$(\text{Diag\_Cost\_per\_User} + \text{Prev\_Cost\_per\_User}) \times (1 - \text{DiagCoinsur}/(21)) + [\text{Max} + (11) / (\text{Stabilization} \times \text{Util}) + (\text{Prosth\_Cost\_per\_User} \times \text{Prosth Coinsur} \times \text{M} + \text{Crown\_Cost\_per\_User} \times \text{Crown Coinsur} \times \text{N}) / (\text{Stabilization} \times \text{Misc\_Dent\_Fact}) \times \text{Trend} \times \text{Wait\_Fact}] / (21)$
(13) Max Limit '93	$(12) / (\text{State\_Fact} \times \text{Area\_Fact} \times \text{Trend})$
(14) % Max Limit '93	0 if maximum=0; otherwise: $[(13) - (\text{next cost bracket} < (13) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (13) \text{ and cost bracket} < (13))$
(15) # Max Limit '93	Actual number of cases for (13) from Category 1 Table (interpolated value using (14))
(16) \$ Max Limit '93	Actual approved amount for (13) from Category 1 Table (interpolated value using (14))
(17) Total No. Cases	Constant from Category 1 Table
(18) Total Amt Approved	Constant from Category 1 Table
(19) Est Amt Given Max	0 if maximum=0; otherwise: $(16) + (13) \times [(17) - (15)]$
(20) Max Credit	0 if $(18) < (19)$ ; otherwise: $[(18) - (19)] / (17) \times \text{Max\_Credit\_Adj}$
(21) Major Service Coinsur	$[\text{OtherBasic\_Coinsur} \times \text{Basic\_Util} + \text{Crown\_Coinsur} \times \text{Crown\_Util} + \text{Prosth\_Coinsur} \times \text{Prosth\_Util}] / (\text{Basic\_Util} + \text{Crown\_Util} + \text{Prosth\_Util})$
(22) Adj Max Credit Monthly Max Credit	$(20) \times (21) \times \text{Trend} \times \text{Area\_Fact} \times \text{State\_Fact}$ $[(22) \times \text{Stabilization} \times \text{Util}] / 12$

**Exhibit IX(b) - Maximum and Deductible Credits**  
**Category 1 Table (Full Benefits - i.e. all copays >= 50%)**

<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>
-	2	113	1,601	169	3,244	140	144	144,777	13,440,174	157,529	13,947,766
2	4	226	3,203	338	6,487	144	148	150,525	14,287,978	162,130	14,625,375
4	6	338	4,804	507	9,731	148	152	156,289	15,161,119	166,333	15,260,743
6	8	451	6,405	676	12,974	152	156	161,961	16,043,213	170,757	15,946,155
8	10	564	8,006	844	16,218	156	160	167,524	16,930,935	175,507	16,700,770
10	12	703	10,640	1,085	21,390	160	164	172,985	17,821,216	180,251	17,473,688
12	14	857	13,844	1,364	27,629	164	168	178,330	18,713,656	184,642	18,207,035
14	16	1,011	17,049	1,643	33,869	168	172	183,546	19,605,069	188,715	18,902,978
16	18	1,165	20,253	1,923	40,108	172	176	188,558	20,481,415	192,673	19,594,599
18	20	1,319	23,458	2,202	46,348	176	180	193,352	21,339,334	196,552	20,287,913
20	22	1,473	26,662	2,482	52,587	180	184	197,930	22,177,085	200,350	20,982,277
22	24	1,627	29,867	2,761	58,827	184	188	202,309	22,996,325	204,034	21,671,185
24	26	1,781	33,071	3,041	65,066	188	192	206,532	23,803,540	207,519	22,337,166
26	28	1,976	38,289	3,506	77,338	192	196	210,600	24,597,815	210,799	22,977,660
28	30	2,198	44,796	4,069	93,606	196	200	214,514	25,377,909	213,876	23,591,034
30	32	2,517	55,729	4,825	118,514	200	204	218,274	26,142,040	216,788	24,182,622
32	34	2,837	66,662	5,595	145,503	204	208	221,883	26,889,966	219,571	24,759,639
34	36	3,235	81,092	6,401	175,418	208	212	225,339	27,620,465	222,228	25,321,060
36	38	3,766	101,605	7,382	213,455	212	216	228,649	28,332,435	224,761	25,866,316
38	40	4,460	129,747	8,789	269,869	216	220	231,855	29,033,763	227,212	26,402,901
40	42	5,667	180,830	10,616	346,793	220	224	234,987	29,730,877	229,604	26,935,993
42	44	7,224	250,824	12,711	439,567	224	228	238,066	30,428,401	231,952	27,468,825
44	46	9,094	338,996	14,892	540,865	228	232	241,090	31,125,904	234,256	28,001,045
46	48	11,654	463,441	17,340	659,103	232	236	244,061	31,822,954	236,517	28,532,302
48	50	15,037	633,479	20,088	797,090	236	240	246,978	32,519,119	238,734	29,062,247
50	52	18,649	823,811	22,959	947,790	240	244	249,829	33,211,045	240,908	29,589,937
52	54	21,898	1,001,664	25,776	1,101,335	244	248	252,601	33,895,062	243,039	30,115,742
54	56	24,816	1,165,407	28,559	1,258,034	248	252	255,294	34,570,539	245,126	30,639,314
56	58	27,418	1,317,080	31,319	1,419,040	252	256	257,909	35,236,846	247,171	31,160,309
58	60	29,704	1,455,406	34,053	1,584,244	256	260	260,445	35,893,353	249,172	31,678,378
60	62	31,880	1,588,938	36,839	1,757,138	260	264	262,903	36,539,428	251,130	32,193,177
62	64	34,155	1,733,027	39,752	1,943,714	264	268	265,289	37,176,076	253,045	32,704,364
64	66	36,527	1,888,065	42,792	2,144,473	268	272	267,615	37,806,917	254,916	33,211,320
66	68	38,998	2,054,441	45,959	2,359,916	272	276	269,877	38,429,324	256,744	33,713,917
68	70	41,566	2,232,545	49,252	2,590,540	276	280	272,074	39,042,779	258,529	34,211,809
70	72	44,181	2,419,804	52,642	2,834,294	280	284	274,205	39,646,760	260,271	34,704,647
72	74	46,791	2,611,963	56,096	3,089,637	284	288	276,272	40,240,747	261,969	35,192,085
74	76	49,396	2,808,999	59,615	3,356,819	288	292	278,274	40,824,220	263,624	35,673,775
76	78	51,995	3,010,887	63,198	3,636,092	292	296	280,211	41,396,658	265,235	36,149,369
78	80	54,589	3,217,605	66,845	3,927,707	296	300	282,083	41,957,540	266,804	36,618,521
80	82	57,220	3,433,536	70,533	4,229,130	300	304	283,891	42,506,353	268,331	37,081,245
82	84	59,925	3,661,323	74,210	4,537,114	304	308	285,635	43,042,910	269,820	37,538,323
84	86	62,705	3,900,923	77,876	4,851,531	308	312	287,315	43,566,697	271,270	37,989,447
86	88	65,559	4,152,630	81,530	5,172,332	312	316	288,931	44,077,203	272,682	38,434,307
88	90	68,487	4,416,736	85,172	5,499,466	316	320	290,484	44,573,917	274,055	38,872,596
90	92	71,433	4,688,782	88,723	5,826,455	320	324	291,980	45,057,218	275,392	39,304,398
92	94	74,341	4,963,227	92,101	6,144,645	324	328	293,443	45,535,276	276,698	39,731,426
94	96	77,210	5,239,912	95,308	6,453,346	328	332	294,877	46,009,239	277,973	40,153,684
96	98	80,040	5,518,678	98,342	6,751,865	332	336	296,280	46,478,866	279,218	40,570,927
98	100	82,832	5,799,366	101,205	7,039,508	336	340	297,653	46,943,916	280,433	40,982,912
100	104	88,410	6,376,338	106,645	7,600,963	340	344	299,003	47,405,671	281,623	41,390,916
104	108	94,056	6,982,749	111,864	8,160,388	344	348	300,335	47,866,935	282,792	41,796,697
108	112	99,755	7,616,666	116,993	8,729,081	348	352	301,651	48,327,570	283,941	42,200,095
112	116	105,450	8,272,956	122,270	9,335,073	352	356	302,949	48,787,439	285,070	42,600,945
116	120	111,132	8,950,728	127,726	9,983,471	356	360	304,231	49,246,408	286,179	42,999,088
120	124	116,770	9,646,228	133,048	10,638,052	360	364	305,495	49,704,339	287,267	43,394,360
124	128	122,331	10,354,969	137,925	11,257,911	364	368	306,742	50,161,096	288,335	43,786,599
128	132	127,837	11,078,434	142,458	11,852,069	368	372	307,973	50,616,543	289,383	44,175,643
132	136	133,408	11,832,314	147,257	12,499,659	372	376	309,186	51,070,669	290,411	44,561,267
136	140	139,063	12,620,382	152,426	13,217,507	376	380	310,369	51,519,653	291,421	44,943,995

**Exhibit IX(b) - Maximum and Deductible Credits**  
**Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)**

<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>
380	384	311,520	51,960,649	292,414	45,324,318	800	810	394,675	101,429,566	339,421	70,734,225
384	388	312,638	52,393,796	293,390	45,701,770	810	820	396,534	102,946,460	339,884	71,111,476
388	392	313,728	52,820,134	294,347	46,075,755	820	830	398,335	104,434,823	340,346	71,492,962
392	396	314,788	53,239,518	295,285	46,446,137	830	840	400,079	105,893,513	340,808	71,878,675
396	400	315,820	53,651,719	296,204	46,812,763	840	850	401,766	107,321,385	341,270	72,268,604
400	404	316,823	54,056,505	297,105	47,175,484	850	860	403,397	108,718,045	341,730	72,662,141
404	408	317,798	54,453,647	297,986	47,534,148	860	870	404,990	110,097,606	342,174	73,046,848
408	412	318,744	54,842,915	298,849	47,888,603	870	880	406,551	111,465,245	342,596	73,417,532
412	416	319,661	55,224,077	299,692	48,238,699	880	890	408,080	112,820,323	342,998	73,773,772
416	420	320,549	55,596,904	300,517	48,584,284	890	900	409,577	114,162,204	343,379	74,115,144
420	424	321,408	55,961,165	301,323	48,925,207	900	910	411,042	115,489,741	343,739	74,442,277
424	428	322,239	56,316,630	302,110	49,261,316	910	920	412,456	116,786,981	344,091	74,763,879
428	432	323,050	56,665,979	302,878	49,592,603	920	930	413,802	118,034,309	344,444	75,091,247
432	436	323,858	57,016,556	303,629	49,919,192	930	940	415,078	119,230,253	344,801	75,424,499
436	440	324,664	57,369,939	304,366	50,242,340	940	950	416,284	120,373,424	345,160	75,763,687
440	444	325,470	57,726,730	305,090	50,562,866	950	960	417,422	121,462,435	345,521	76,108,859
444	448	326,277	58,086,933	305,801	50,880,670	960	970	418,501	122,505,953	345,882	76,457,789
448	452	327,085	58,450,550	306,500	51,195,651	970	980	419,571	123,550,747	346,233	76,799,889
452	456	327,893	58,817,585	307,186	51,507,708	980	990	420,638	124,602,794	346,571	77,133,621
456	460	328,701	59,188,041	307,860	51,816,740	990	1,000	421,701	125,662,022	346,898	77,458,742
460	464	329,510	59,561,922	308,521	52,122,647	1,000	1,020	423,865	127,848,704	347,516	78,083,798
464	468	330,319	59,939,230	309,170	52,425,327	1,020	1,040	425,954	130,002,876	348,130	78,716,315
468	472	331,128	60,319,969	309,806	52,724,679	1,040	1,060	427,861	132,008,425	348,766	79,384,054
472	476	331,938	60,704,142	310,429	53,020,602	1,060	1,080	429,608	133,879,462	349,418	80,082,288
476	480	332,748	61,091,752	311,039	53,312,996	1,080	1,100	431,368	135,795,565	350,041	80,762,035
480	484	333,557	61,482,322	311,638	53,601,948	1,100	1,120	433,156	137,780,725	350,629	81,416,929
484	488	334,351	61,869,653	312,227	53,888,864	1,120	1,140	434,953	139,811,728	351,190	82,051,903
488	492	335,129	62,252,002	312,808	54,173,985	1,140	1,160	436,758	141,888,931	351,722	82,665,832
492	496	335,890	62,629,235	313,381	54,457,243	1,160	1,180	438,573	144,012,778	352,226	83,257,569
496	500	336,634	63,001,220	313,945	54,738,571	1,180	1,200	440,339	146,121,409	352,729	83,855,564
500	510	338,433	63,913,810	315,325	55,436,338	1,200	1,220	442,050	148,194,207	353,246	84,479,832
510	520	340,151	64,802,437	316,665	56,127,567	1,220	1,240	443,737	150,272,799	353,770	85,124,548
520	530	341,787	65,665,464	317,965	56,811,465	1,240	1,260	445,402	152,356,256	354,303	85,790,040
530	540	343,353	66,506,793	319,224	57,486,045	1,260	1,280	447,043	154,443,650	354,844	86,476,640
540	550	344,950	67,378,259	320,423	58,140,565	1,280	1,300	448,683	156,559,804	355,384	87,174,439
550	560	346,596	68,293,557	321,558	58,771,618	1,300	1,320	450,349	158,743,368	355,899	87,850,557
560	570	348,292	69,253,690	322,629	59,377,927	1,320	1,340	452,011	160,955,284	356,387	88,501,178
570	580	350,039	70,259,659	323,636	59,958,210	1,340	1,360	453,670	163,195,402	356,848	89,125,224
580	590	351,835	71,312,484	324,579	60,511,215	1,360	1,380	455,324	165,463,571	357,282	89,721,617
590	600	353,636	72,387,568	325,478	61,047,421	1,380	1,400	456,970	167,753,187	357,690	90,290,230
600	610	355,423	73,470,806	326,355	61,578,499	1,400	1,420	458,562	170,002,037	358,083	90,844,605
610	620	357,213	74,573,651	327,214	62,107,249	1,420	1,440	460,101	172,206,005	358,464	91,388,240
620	630	359,005	75,696,158	328,054	62,633,308	1,440	1,460	461,586	174,362,942	358,831	91,920,616
630	640	360,800	76,838,381	328,877	63,156,315	1,460	1,480	463,018	176,470,698	359,185	92,441,212
640	650	362,614	78,009,672	329,677	63,673,563	1,480	1,500	464,395	178,527,090	359,526	92,949,514
650	660	364,489	79,238,767	330,447	64,178,382	1,500	1,520	465,738	180,555,902	359,850	93,438,478
660	670	366,428	80,528,788	331,185	64,669,814	1,520	1,540	467,064	182,585,122	360,152	93,900,907
670	680	368,430	81,881,000	331,891	65,147,224	1,540	1,560	468,372	184,614,055	360,432	94,335,938
680	690	370,495	83,296,674	332,565	65,609,976	1,560	1,580	469,663	186,642,011	360,691	94,742,707
690	700	372,620	84,774,992	333,209	66,058,225	1,580	1,600	470,937	188,668,297	360,929	95,120,353
700	710	374,748	86,277,496	333,839	66,502,686	1,600	1,620	472,183	190,676,902	361,148	95,472,647
710	720	376,845	87,779,737	334,462	66,948,258	1,620	1,640	473,366	192,608,471	361,358	95,815,336
720	730	378,912	89,281,109	335,078	67,394,794	1,640	1,660	474,485	194,457,522	361,561	96,150,108
730	740	380,949	90,781,010	335,686	67,842,151	1,660	1,680	475,549	196,238,218	361,758	96,479,883
740	750	382,956	92,278,823	336,287	68,290,184	1,680	1,700	476,561	197,951,366	361,951	96,804,930
750	760	384,942	93,780,053	336,871	68,732,082	1,700	1,720	477,522	199,597,436	362,138	97,124,640
760	770	386,915	95,291,773	337,431	69,160,520	1,720	1,740	478,464	201,228,129	362,316	97,432,841
770	780	388,876	96,813,738	337,965	69,574,992	1,740	1,760	479,399	202,863,832	362,484	97,727,197
780	790	390,825	98,345,700	338,473	69,974,994	1,760	1,780	480,325	204,504,230	362,642	98,007,309
790	800	392,762	99,887,413	338,957	70,360,019	1,780	1,800	481,244	206,149,005	362,791	98,272,781

**Exhibit IX(b) - Maximum and Deductible Credits**  
**Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)**

<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>
1,800	1,820	482,158	207,803,042	362,930	98,524,803	3,250	3,275	514,486	283,969,360	365,867	105,123,591
1,820	1,840	483,060	209,455,668	363,062	98,765,466	3,275	3,300	514,668	284,568,785	365,875	105,149,716
1,840	1,860	483,939	211,083,031	363,185	98,994,173	3,300	3,325	514,846	285,156,348	365,883	105,175,521
1,860	1,880	484,794	212,684,047	363,301	99,210,590	3,325	3,350	515,022	285,742,726	365,891	105,201,495
1,880	1,900	485,626	214,257,774	363,409	99,414,400	3,350	3,375	515,197	286,327,836	365,899	105,227,636
1,900	1,920	486,434	215,803,271	363,509	99,605,289	3,375	3,400	515,369	286,911,594	365,906	105,253,944
1,920	1,940	487,221	217,323,979	363,602	99,784,364	3,400	3,425	515,540	287,493,917	365,914	105,280,420
1,940	1,960	487,998	218,839,624	363,691	99,958,568	3,425	3,450	515,710	288,074,719	365,922	105,307,062
1,960	1,980	488,765	220,352,388	363,778	100,128,752	3,450	3,475	515,877	288,653,917	365,930	105,333,870
1,980	2,000	489,523	221,861,896	363,862	100,294,797	3,475	3,500	516,043	289,231,427	365,938	105,360,844
2,000	2,025	490,455	223,738,644	363,964	100,499,485	3,500	3,525	516,208	289,807,165	365,946	105,387,984
2,025	2,050	491,364	225,592,827	364,063	100,702,276	3,525	3,550	516,370	290,381,047	365,953	105,415,288
2,050	2,075	492,238	227,398,567	364,158	100,895,852	3,550	3,575	516,531	290,952,988	365,961	105,442,758
2,075	2,100	493,076	229,151,061	364,245	101,078,986	3,575	3,600	516,690	291,522,906	365,969	105,470,392
2,100	2,125	493,879	230,848,508	364,327	101,251,374	3,600	3,625	516,847	292,087,344	365,977	105,497,996
2,125	2,150	494,646	232,489,503	364,403	101,413,053	3,625	3,650	516,999	292,640,931	365,984	105,525,313
2,150	2,175	495,388	234,093,762	364,475	101,569,026	3,650	3,675	517,147	293,183,466	365,992	105,552,336
2,175	2,200	496,109	235,670,440	364,545	101,720,926	3,675	3,700	517,292	293,714,744	365,999	105,579,059
2,200	2,225	496,810	237,218,484	364,612	101,868,621	3,700	3,725	517,432	294,234,564	366,006	105,605,475
2,225	2,250	497,489	238,736,838	364,676	102,011,975	3,725	3,750	517,568	294,742,773	366,013	105,631,589
2,250	2,275	498,151	240,233,905	364,738	102,151,801	3,750	3,775	517,699	295,239,408	366,020	105,657,327
2,275	2,300	498,803	241,720,998	364,797	102,287,809	3,775	3,800	517,826	295,720,758	366,027	105,681,865
2,300	2,325	499,442	243,197,538	364,854	102,419,881	3,800	3,825	517,948	296,186,579	366,033	105,705,185
2,325	2,350	500,070	244,662,948	364,909	102,547,900	3,825	3,850	518,065	296,636,624	366,038	105,727,268
2,350	2,375	500,686	246,116,647	364,961	102,671,747	3,850	3,875	518,177	297,070,650	366,044	105,748,097
2,375	2,400	501,291	247,558,058	365,011	102,791,307	3,875	3,900	518,284	297,488,409	366,049	105,767,653
2,400	2,425	501,884	248,986,600	365,059	102,906,461	3,900	3,925	518,386	297,889,657	366,053	105,785,919
2,425	2,450	502,466	250,401,697	365,104	103,017,092	3,925	3,950	518,483	298,274,148	366,058	105,802,875
2,450	2,475	503,036	251,802,767	365,147	103,123,083	3,950	3,975	518,576	298,641,636	366,062	105,818,504
2,475	2,500	503,594	253,189,234	365,188	103,224,318	3,975	4,000	518,663	298,991,877	366,065	105,832,789
2,500	2,525	504,139	254,554,679	365,227	103,321,604	4,000	4,100	518,985	300,296,406	366,077	105,880,677
2,525	2,550	504,667	255,892,039	365,264	103,416,647	4,100	4,200	519,271	301,484,756	366,085	105,915,877
2,550	2,575	505,178	257,200,494	365,300	103,509,382	4,200	4,300	519,522	302,550,540	366,091	105,937,808
2,575	2,600	505,674	258,479,224	365,335	103,599,748	4,300	4,400	519,764	303,592,452	366,095	105,956,355
2,600	2,625	506,152	259,727,407	365,369	103,687,680	4,400	4,500	520,010	304,680,409	366,100	105,978,427
2,625	2,650	506,615	260,944,224	365,402	103,773,116	4,500	4,600	520,254	305,791,055	366,106	106,004,067
2,650	2,675	507,060	262,128,854	365,433	103,855,991	4,600	4,700	520,491	306,888,123	366,112	106,032,739
2,675	2,700	507,490	263,283,796	365,463	103,936,984	4,700	4,800	520,719	307,969,984	366,119	106,064,548
2,700	2,725	507,902	264,403,411	365,492	104,016,470	4,800	4,900	520,930	308,996,367	366,125	106,097,048
2,725	2,750	508,296	265,486,236	365,521	104,094,372	4,900	5,000	521,103	309,860,416	366,131	106,123,525
2,750	2,775	508,679	266,543,793	365,548	104,170,201	5,000	5,100	521,245	310,580,327	366,135	106,144,492
2,775	2,800	509,054	267,590,474	365,574	104,243,355	5,100	5,200	521,362	311,187,820	366,138	106,160,662
2,800	2,825	509,422	268,625,912	365,599	104,313,774	5,200	5,300	521,455	311,677,972	366,140	106,171,831
2,825	2,850	509,782	269,649,738	365,623	104,381,396	5,300	5,400	521,526	312,058,465	366,141	106,178,330
2,850	2,875	510,135	270,661,588	365,645	104,446,162	5,400	5,500	521,598	312,450,160	366,143	106,185,854
2,875	2,900	510,481	271,661,092	365,667	104,508,011	5,500	5,600	521,677	312,884,783	366,145	106,195,997
2,900	2,925	510,820	272,647,886	365,687	104,566,883	5,600	5,700	521,763	313,363,628	366,147	106,208,850
2,925	2,950	511,151	273,621,600	365,706	104,622,718	5,700	5,800	521,855	313,887,983	366,150	106,224,501
2,950	2,975	511,475	274,581,870	365,724	104,675,454	5,800	5,900	521,953	314,459,083	366,153	106,243,053
2,975	3,000	511,791	275,528,326	365,740	104,725,033	5,900	6,000	522,047	315,016,177	366,156	106,262,043
3,000	3,025	512,098	276,453,970	365,756	104,772,117	6,000	7,000	522,465	317,681,700	366,168	106,339,359
3,025	3,050	512,392	277,349,119	365,770	104,817,087	7,000	8,000	522,646	319,030,435	366,171	106,359,720
3,050	3,075	512,673	278,213,145	365,784	104,859,902	8,000	9,000	522,777	320,135,723	366,174	106,386,057
3,075	3,100	512,942	279,045,419	365,797	104,900,521	9,000	10,000	522,859	320,898,262	366,178	106,419,247
3,100	3,125	513,198	279,845,313	365,809	104,938,902	10,000	50,000	523,277	324,777,927	366,203	106,648,643
3,125	3,150	513,442	280,612,198	365,821	104,975,004						
3,150	3,175	513,673	281,345,444	365,831	105,008,787						
3,175	3,200	513,891	282,044,423	365,841	105,040,208						
3,200	3,225	514,098	282,708,762	365,850	105,069,122						
3,225	3,250	514,296	283,349,223	365,859	105,096,721						

## Exhibit X

### Individual Adjustment Factors

Adult High and Low	1.5500
Pediatric High and Low	1.3000

### Exhibit XI PPO Discount

PPO Discount	1.0000
--------------	--------

## Exhibit XII

### Richness of Benefits Adjustment Factors

<u>Maximum</u>	<u>Factor</u>
0 - 750	0.9837
750 - 799	0.9874
800 - 849	0.9910
850 - 899	0.9943
900 - 949	0.9973
950 - 1000	1.0000
1,001 - 1,049	1.0038
1,050 - 1,099	1.0073
1,100 - 1,149	1.0103
1,150 - 1,199	1.0132
1,200 - 1,249	1.0160
1,250 - 1,299	1.0181
1,300 - 1,349	1.0202
1,350 - 1,399	1.0222
1,400 - 1,449	1.0240
1,450 - 1,499	1.0257
1,500 - 1,549	1.0270
1,550 - 1,599	1.0284
1,600 - 1,649	1.0306
1,650 - 1,699	1.0306
1,700 - 1,749	1.0318
1,750 - 1,799	1.0328
1,800 - 1,849	1.0337
1,850 - 1,899	1.0346
1,900 - 1,949	1.0352
1,950 - 1,999	1.0360
2,000 - 2,049	1.0366
2,050 - 2,499	1.0408

## Exhibit XIII

### Ortho Manual Rate Calculation

Monthly Child Ortho Premium = (Cost per User x Utilization x Adj for Medically Necessary)  
/ 24 months x Area Factor

Monthly Child Ortho Premium = (\$4,000 x .055 x .25) / 24 x Area Factor

## Exhibit XIV

### Out of Pocket Maximum Rate

No Out of Pocket Max	\$	-
Pediatric PPO High	\$	0.96
Pediatric PPO Low	\$	1.32

No Multi-Child OOP Max Factor	1.000
Multi-Child OOP Max Factor	1.006

*Out of Pocket Maximum rates would be subject to the area factor.*

## Exhibit XV

### TMJ Rates

Monthly TMJ Premium = (Cost per User x Utilization ) / 12 months x Area Factor

Monthly Adult Supplemental TMJ Premium = (\$300 x .01 ) / 12 x Area Factor

Monthly Child Supplemental TMJ Premium = (\$300 x .002 ) / 12 x Area Factor

Monthly Pediatric EHB TMJ Premium = (\$1,275 x .002 ) / 12 x Area Factor

## Exhibit XVI

### Dental Accident

Dental Accident, if offered, is assumed to be 1% of total service cost

# Exhibit XVII

## Example of Individual Manual Rating Calculation

**Plan:** Pediatric Low  
**State:** CO  
**Zip Code:** 800 Region 1  
**Area Factor:** 1.0053

### Coinsurance

Diagnostic & Preventive 100%  
 Basic 50%  
 Major 50%  
 Ortho (medically necessary) 50%  
 TMJ 0%

### Waiting Period

none

### Deductibles

Individual \$40  
 Family not applicable  
 D&P Exempt no

### Maximums

Individual not applicable  
 OOP Max \$700 single child  
 OOP Max \$1,400 more than one child

Child	CPU	Util	Adj Coins*	Trend	Misc Dent	# Mths	Mon Rate
Crowns	15.7557982	0.5097	47.47%	1.04	0.9704	12	0.34
Diagnostic	100.1493307	0.5097	98.17%	1.04	0.9704	12	4.48
Other Basic	91.91815243	0.5097	52.65%	1.04	0.9704	12	2.20
Preventive	102.5403939	0.5097	98.17%	1.04	0.9704	12	4.58
Prosth	5.525617864	0.5097	47.47%	1.04	0.9704	12	0.12
Simple Rest	120.4086263	0.5097	52.66%	1.04	0.9704	12	2.89
<b>Total</b>							<b>14.61</b>

\*Adj Coins for limited EHB benefits

Wait Credit 0

### Deductible Credit Calculation

#### Description

Ded Lower Limit 0.00  
 Ded Upper Limit 43.23  
 % Ded Lower 0.00%  
 % Ded Upper 61.27%  
 Freq Ded Lower 0.00  
 Freq Ded Upper 11,899.29  
 Amount Ded Lower 0.00  
 Amount Ded Upper 403,633.97  
 Ded Credit 42.92  
 Ded Credit with Factors 39.72  
 Ded Credit with Coinsur 18.70  
 Monthly Ded Credit 1.53

#### Child Cost Bracket

Lower	Upper
0	2
42	44

**Maximum Credit Calculation****Description**

Max Limit	17,639.30
Max Limit '93	19,061.62
% Max Limit '93	22.65%
# Max Limit '93	366,183.81
\$ Max Limit '93	106,471,214.76
Total No. Cases	366,203.00
Total Amt Approved	106,648,643.31
Est Amt Given Max	106,837,093.03
Max Credit	0.00
Major Service Coinsur	52.38%
Adj Max Credit	0.00
Monthly Max Credit	0.00

## Child Cost Bracket

Lower	Upper
10000	50000

**Rate less Credits                      \$13.08**

Sealant Adj	1.0143
Individual Adj	1.3000
Richness of Benefits Adj	1.0408
PPO Disc	1.0000
<b>Adj Rate</b>	<b>\$17.95</b>

Ortho	2.30
OOP Max Rate	0.80
TMJ Rate	0
<b>Adj Rate</b>	<b>\$21.04</b>

Multi-Child OOP Max	1.0060
Dental Accident	1.0000
<b>Service Cost Rate</b>	<b>\$21.17</b>

**Total Admin                              35.00%**

**Total Rate                                \$32.57**





## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 23, 2013**

Form Numbers PIP85-CO-DIC, PIP70-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Form numbers PIP85-CO-DIC, PIP70-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is

for: Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

Additional

Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 23, 2013

---

Date

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$39.83	\$32.57
Region 2	\$41.05	\$33.57
Region 3	\$41.28	\$33.76
Region 4	\$37.45	\$30.62
Region 5	\$38.39	\$31.39
Region 6	\$37.45	\$30.62
Region 7	\$40.99	\$33.52
Region 8	\$38.65	\$31.61
Region 9	\$37.45	\$30.62
Region 10	\$37.34	\$30.53
Region 11	\$39.24	\$32.09

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 23, 2013**

Form Numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Form numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**





Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is

for: Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

Additional

Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 23, 2013

---

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$39.83	\$32.57	\$67.38	\$41.88
Region 2	\$41.05	\$33.57	\$69.44	\$43.16
Region 3	\$41.28	\$33.76	\$69.83	\$43.41
Region 4	\$37.45	\$30.62	\$63.34	\$39.37
Region 5	\$38.39	\$31.39	\$64.94	\$40.37
Region 6	\$37.45	\$30.62	\$63.34	\$39.37
Region 7	\$40.99	\$33.52	\$69.33	\$43.10
Region 8	\$38.65	\$31.61	\$65.38	\$40.64
Region 9	\$37.45	\$30.62	\$63.34	\$39.37
Region 10	\$37.34	\$30.53	\$63.16	\$39.26
Region 11	\$39.24	\$32.09	\$66.37	\$41.26

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.45%	68.06%	65.45%	65.45%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$36.02	\$29.57
Region 2	\$37.12	\$30.47
Region 3	\$37.33	\$30.65
Region 4	\$33.86	\$27.80
Region 5	\$34.72	\$28.50
Region 6	\$33.86	\$27.80
Region 7	\$37.06	\$30.42
Region 8	\$34.95	\$28.69
Region 9	\$33.86	\$27.80
Region 10	\$33.77	\$27.72
Region 11	\$35.48	\$29.13

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$36.02	\$29.57	\$60.94	\$37.88
Region 2	\$37.12	\$30.47	\$62.81	\$39.04
Region 3	\$37.33	\$30.65	\$63.17	\$39.26
Region 4	\$33.86	\$27.80	\$57.29	\$35.61
Region 5	\$34.72	\$28.50	\$58.74	\$36.51
Region 6	\$33.86	\$27.80	\$57.29	\$35.61
Region 7	\$37.06	\$30.42	\$62.71	\$38.98
Region 8	\$34.95	\$28.69	\$59.14	\$36.76
Region 9	\$33.86	\$27.80	\$57.29	\$35.61
Region 10	\$33.77	\$27.72	\$57.13	\$35.51
Region 11	\$35.48	\$29.13	\$60.04	\$37.32

\* NAB is not a benefit

Note: Covered procedures are defined in the forms





## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 30, 2013**

Form Numbers PIP85-CO-DIC, PIP70-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this is a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Form numbers PIP85-CO-DIC, PIP70-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.



## G. Relation of Benefits to Premiums

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

## H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

## I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

<u>Formula</u>	<u>Pediatric Low</u>
Cost per User: Crowns	\$15.76
Cost per User: Diagnostic	\$100.15
Cost per User: Other Basic	\$91.92
Cost per User: Preventive	\$102.54
Cost per User: Prosthodontic	\$5.53
Cost per User: Simple Restoration	\$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	\$0.34
= Monthly Rates: Diagnostic	\$4.48
= Monthly Rates: Other Basic	\$2.20
= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12



= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	\$29.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is for: Comparable Product, National  
 Experience Period: From 01/01/2010 to 12/31/2012  
 Additional Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 30, 2013

---

Date

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$36.02	\$29.57
Region 2	\$37.12	\$30.47
Region 3	\$37.33	\$30.65
Region 4	\$33.86	\$27.80
Region 5	\$34.72	\$28.50
Region 6	\$33.86	\$27.80
Region 7	\$37.06	\$30.42
Region 8	\$34.95	\$28.69
Region 9	\$33.86	\$27.80
Region 10	\$33.77	\$27.72
Region 11	\$35.48	\$29.13

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses	16.40%	16.40%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	30.90%	28.40%
Benefits Ratio **	71.98%	74.58%

\*\* Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 30, 2013**

Form Numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Form numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.





#### G. Relation of Benefits to Premiums

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

<u>Formula</u>	<u>Pediatric Low</u>
Cost per User: Crowns	\$15.76
Cost per User: Diagnostic	\$100.15
Cost per User: Other Basic	\$91.92
Cost per User: Preventive	\$102.54
Cost per User: Prosthodontic	\$5.53
Cost per User: Simple Restoration	\$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	\$0.34
= Monthly Rates: Diagnostic	\$4.48
= Monthly Rates: Other Basic	\$2.20
= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12



= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	\$29.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is

for: Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

Additional

Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 30, 2013

---

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$36.02	\$29.57	\$60.94	\$37.88
Region 2	\$37.12	\$30.47	\$62.81	\$39.04
Region 3	\$37.33	\$30.65	\$63.17	\$39.26
Region 4	\$33.86	\$27.80	\$57.29	\$35.61
Region 5	\$34.72	\$28.50	\$58.74	\$36.51
Region 6	\$33.86	\$27.80	\$57.29	\$35.61
Region 7	\$37.06	\$30.42	\$62.71	\$38.98
Region 8	\$34.95	\$28.69	\$59.14	\$36.76
Region 9	\$33.86	\$27.80	\$57.29	\$35.61
Region 10	\$33.77	\$27.72	\$57.13	\$35.51
Region 11	\$35.48	\$29.13	\$60.04	\$37.32

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses	16.40%	16.40%	16.40%	16.40%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	30.90%	28.40%	30.90%	30.90%
Benefits Ratio **	71.98%	74.58%	71.98%	71.98%

\*\* Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	HR-1 Form (H)
<b>Comments:</b>	Items 14 and 22 have been updated on the HR-1 form.
<b>Attachment(s):</b>	CO HR1 Individual Inside 2013 08 02.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Enclosed you will find the Actuarial Memorandums for 1) PIP-CO-DIC and 2) XIP-CO-DIC and the supporting documentation.  Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
<b>Attachment(s):</b>	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 30.pdf Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 30.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Certification
<b>Comments:</b>	The Actuarial Certifications are included in the Actuarial Memorandums above.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	DDPA-129066093	<b>State Tracking #:</b>	278917	<b>Company Tracking #:</b>	DIC HCR IND PPO RATES - PPACA DENTAL FIL...
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing				
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing				

***Attachment Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls is not a PDF document and cannot be reproduced here.***

***Attachment Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls is not a PDF document and cannot be reproduced here.***



**State Of Colorado**  
**Health Rate Filing Form**  
**Form HR-1**

**Reset Form**

<b>Must Be Completed For All Products</b>		SERFF FILING # <b>DDPA-129066093</b>
1. Company: <b>Dentegra Insurance Company</b>		
2. Person Responsible For Filing: <b>Shelly Williams</b>	3. Title: <b>Regulatory Analyst</b>	
4. Address Of Responsible Person: <b>17871 Park Plaza D</b>	5. Telephone #: <b>(562) 467-7766</b> ext.	
6. Email Address: <b>SWilliams4@delta.org</b>		
7. <b>Type Of Coverage:</b> <b>PPO</b> Other : <b>Stand alone dental</b>		
8. Medicare Supplement: <b>N/A</b> Not Applicable <input type="checkbox"/>		
(1) Prestandardized Plan(s):		
(2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L		
(3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N		
9. <b>Sub Category:</b> <b>Individual</b>		
10. A. Group Information: <b>N/A</b> <b>Select One</b> <b>Select One</b> <b>Select One</b>		
B. Name of association or trust ( <i>if applicable</i> ):		
C. Description of discretionary group( <i>if applicable</i> ):		
11. <b>Colorado State Code(s):</b> <b>760 Prior Approval- HB 08-1389</b> <b>850 Individual</b>		
Select One	Select One	Select One
12. <b>Brief Filing Description</b> (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.):		
<b>Dental</b>		
13. <b>Reason For Filing:</b>		
<b>Increase In Benefits?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Reduction In Benefits?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Increase in Profits?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Change Needed To Meet Projected Losses?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Trend Only?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Change In Rating Methodology?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>New Product (Initial Offering As Opposed To Rate Revision)?</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(If other, please explain)</b>		
14. <b>Policy Form(s) Affected:</b> <b>PIP85-CO-DIC, PIP70-CO-DIC, XIP85hi-CO-DIC, XIP85lo-CO-DIC</b>		

15. If Rider Or Endorsement, <b>Type Of Benefits?</b> N/A		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. <b>Number Of Colorado Covered Lives</b> (Including Employees And Dependents): N/A		
18. A. Rating Period: <b>Select One</b> From To B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date:		<input checked="" type="checkbox"/> N/A (New Product)
19. A. <b>Rate Change Without Trend:</b> B. <b>Trend for Rating Period (if trend factor is used in rates):</b> C. Overall Rate Impact Change:		
20. A. <b>Current Underlying Annualized Trend Assumption</b> (If Applicable): 1.04 B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable):		
21. A. <b>What Is The Maximum Rate Change That Can Affect A Policyholder?</b> B. <b>What Is The Minimum Rate Change That Can Affect A Policyholder?</b> (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios ( <b>On Colorado only basis</b> )		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 71.98		
B. Actual Benefits Ratio over Experience Period:		<input checked="" type="checkbox"/> N/A (New Product)
23. A. <b>Projected Benefits Ratio With Rate Change over Rating Period</b> B. Projected Benefits Ratio <b>Without</b> Rate Change over Rating Period	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. <b>Proposed Effective Date:</b> 01/01/2014		
25. A. <b>Total Annual Colorado Written Premium Before Change(s):</b> \$ B. <b>Total Annual Colorado Written Premium After Change(s):</b> \$ C. Written Premium Change For This Product (Net Change): \$		<input checked="" type="checkbox"/> N/A (New Product)
26. A. <b>Effective Date</b> of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms:		<input checked="" type="checkbox"/> N/A (New Product)
27. <b>Experience Provided:</b> <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado <b>Select One</b> <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. <b>Small Group Filings Only: Unique Single Index Rate</b> (Effective For All Small Group Plans):		N/A

# DENTEGRA INSURANCE COMPANY

## DENTAL MANUAL RATE FORMULA

### Table of Contents

Exhibit I	Rating Formula Summary
Exhibit II	Miscellaneous Factors
Exhibit III	Cost per User
Exhibit IV	Utilization
Exhibit V	Administrative Charges
Exhibit VI	Region Definitions
Exhibit VII	Area Factors
Exhibit VIII	Waiting Period Credit
Exhibit IX	Maximum & Deductible Credits
Exhibit X	Individual Adjustment Factors
Exhibit XI	PPO Discount Factors
Exhibit XII	Richness of Benefits Adjustment Factors
Exhibit XIII	Orthodontia Rates
Exhibit XIV	Out of Pocket Maximum
Exhibit XV	TMJ Rates
Exhibit XVI	Dental Accident
Exhibit XVII	Sample Rate Calculation

# Exhibit I

## Rating Formula Summary

	<u>Adult</u>	<u>Child</u>	<u>Comments</u>
	Cost per User	Cost per User	Exhibit III
x	Utilization	Utilization	Exhibit IV
x	Coinsurance	Coinsurance	Input
x	Trend	Trend	Exhibit II
/	Misc_Dent_Fact	Misc_Dent_Fact	Exhibit II
/	12	12	Monthly rate
=	Monthly Rates	Monthly Rates	
	Total Monthly Rates	Total Monthly Rates	Total across all lines of service
-	Waiting Period Credit	Waiting Period Credit	Exhibit VIII
-	Maximum Credit	Maximum Credit	Exhibit IX
-	Deductible Credit	Deductible Credit	Exhibit IX
=	Rate less Credits	Rate less Credits	
x	Sealant Adj	Sealant Adj	Exhibit II
x	Individual Adj	Individual Adj	Exhibit X
x	Richness of Benefits Adj	Richness of Benefits Adj	Exhibit XII
x	PPO Disc	PPO Disc	Exhibit XI
=	Adj Rate	Adj Rate	
+	Adult Ortho Rate	Child Ortho Rate	Exhibit XIII
+	OOP Max Rate	OOP Max Rate	Exhibit XIV
+	TMJ Rate	TMJ Rate	Exhibit XV
=	Adj Rate	Adj Rate	
x	Multi-Child OOP Max	Multi-Child OOP Max	Exhibit XIV
x	Dental Accident	Dental Accident	Exhibit XVI
=	Service Cost Rate	Service Cost Rate	
/	(1-Total Admin)	(1-Total Admin)	Exhibit V
=	Total Adult Rate	Total Child Rate	

## Exhibit II

### Miscellaneous Factors

<u>Factor</u>	<u>Definition</u>
A	Deductible per Individual
B	Adult: Max [ 0.50, Diagnostic coinsur x 0.4602 + Preventive coinsur x 0.5398 ]
B	Child: Max [ 0.50, Diagnostic coinsur x 0.4575 + Preventive coinsur x 0.5425 ]
C	Adult: If Crown coinsur < 50% then 1.2586 - 0.005172 x Crown coinsur; else 1.00
C	Child: 1.00
M	Min [ 12, Prosth Waiting Period in Months ] / 12
N	Min [ 12, Crowns Waiting Period in Months ] / 12
P	Adult: Max [ 0.50, Dentures coinsur x 0.2721 + Bridges coinsur x 0.7279 ]
P	Child: Max [ 0.50, Dentures coinsur x 0.9241 + Bridges coinsur x 0.0759 ]
Y	$1.0 - 0.4^{(0.001 \times \text{Maximum}^{1.06})}$ (if Maximum > 0)
Y	$1.0 - 0.4^{(0.001 \times 9999^{1.06})}$ (if Maximum = 0)
Z	Max [ 0.50, Crown coinsur ]
Admin	See Exhibit V
Category 1 Table	See Exhibit VIII
Trend Factor	1.04 for calendar year 2014
Area_Fact	The factor to adjust to the zip code within the state (See Exhibit VI and VII)
Ded_Factor	$0 \leq \text{deductible per individual} \leq 25, \text{deductible per individual} / 25 * .02$ $25 < \text{deduct/individual} \leq 50, ((\text{deduct/individual} - 25) / 25 * (.035 - .02)) + .02$ $50 < \text{deduct/individual} \leq 100, ((\text{deduct/individual} - 25) / 25 * (.05 - .035)) + .035$ $\text{deductible per individual} > 100, .05$
Sealant Adj	If sealants are covered under D&P, 1.0143 If sealants are covered under Basic or Major, 1.0000

	<u>Adult</u>	<u>Child</u>
State_Fact	0.8237	0.8851
Stabilization	0.9985	0.9235
U_D&P_Coeff	1.4618	1.4618
U_D&P^2_Coeff	-0.7467	-0.7467
Misc_Dent_Fact	0.9894	0.9704
Rest_Usage	0.4348	0.5602
OtherBasic_Usage	0.5652	0.4398
Util - Basic LOS	0.3304	0.4436
Util - Crown LOS	0.2765	0.0380
Util - Prosth LOS	0.1699	0.0123
Wait_Fact	0.13145	0.13145
State Fee Base	1.0000	1.0000

<u>Max_Credit_Adj</u>			
<u>Maximum</u>	<u>Factor</u>	<u>Maximum</u>	<u>Factor</u>
<500	0.80	800 - 849	0.92
500 - 549	0.82	850 - 899	0.94
550 - 599	0.84	900 - 949	0.96
600 - 649	0.86	950 - 999	0.98
650 - 699	0.88	1,000 +	1.00
700 - 799	0.90		

## Exhibit III

### Cost per User

#### Diagnostic and Preventive:

Cost Per User = [Constant + Ded\_Coeff x A + Max\_Coeff x Y + D&P\_Coeff x B + Crown\_Coeff x Z + Prosth\_Coeff x P]  
x (1-Ded\_Factor) x Area\_Factor x State\_Fact x State Fee Base x Stabilization

#### Simple Restorations:

Cost Per User = [Constant + Ded\_Coeff x A + Max\_Coeff x Y + D&P\_Coeff x B + Crown\_Coeff x Z + Prosth\_Coeff x P]  
x C x Area\_Fact x State\_Fact x State Fee Base x Stabilization

#### Other Basic, Crowns and Prosthodontics

Cost Per User = [Constant + Ded\_Coeff x A + Max\_Coeff x Y + D&P\_Coeff x B + Crown\_Coeff x Z + Prosth\_Coeff x P]  
x Area\_Fact x State\_Fact x State Fee Base x Stabilization

Adult	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	115.6018	-	144.2400	-	80.2062	-
Diagnostic	122.0375	-	-	-	-	-
Other Basic	176.9245	-	73.9232	-	-	-
Preventive	118.8500	-	-	-	-	-
Prosthodontics	91.7120	-	70.1486	-	-	146.6363
Simple Restorations	139.8131	-	31.1946	-	-	-

Child	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	19.1732	-	-	-	-	-
Diagnostic	95.1741	-	30.3370	-	-	-
Other Basic	111.8548	-	-	-	-	-
Preventive	113.2947	-	-	15.2131	-	-
Prosthodontics	6.7241	-	-	-	-	-
Simple Restorations	146.5248	-	-	-	-	-

## Exhibit IV Utilization

Utilization =

(Adult)  $\text{Max} [ 0.50, (U\_D\&P\_Coeff \times B + U\_D\&P^2\_Coeff \times B^2) \times .79195 ]$

(Child)  $\text{Max} [ 0.50, (U\_D\&P\_Coeff \times B + U\_D\&P^2\_Coeff \times B^2) \times .79195 ] \times 0.90$

Note

See Exhibit II for miscellaneous factors.

## Exhibit V Individual Administrative Charges

	High		Low	
	Supplemental Dental	Pediatric EHB Dental	Supplemental Dental	Pediatric EHB Dental
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	5.50%	5.50%	3.00%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commission	5.00%	5.00%	5.00%	5.00%
Total	37.50%	37.50%	37.50%	35.00%

## Exhibit VI

### Region Definitions

<u>State</u>	<u>Zip</u>	<u>County</u>	<u>Region</u>
CO	800	Adams	Rating Area 3
CO	801	Adams	Rating Area 3
CO	802	Adams	Rating Area 3
CO	806	Adams	Rating Area 3
CO	811	Alamosa	Rating Area 8
CO	800	Arapahoe	Rating Area 3
CO	801	Arapahoe	Rating Area 3
CO	802	Arapahoe	Rating Area 3
CO	811	Archuleta	Rating Area 10
CO	810	Baca	Rating Area 8
CO	810	Bent	Rating Area 8
CO	800	Boulder	Rating Area 1
CO	803	Boulder	Rating Area 1
CO	804	Boulder	Rating Area 1
CO	805	Boulder	Rating Area 1
CO	800	Broomfield	Rating Area 3
CO	812	Chaffee	Rating Area 8
CO	808	Cheyenne	Rating Area 8
CO	804	Clear Creek	Rating Area 3
CO	811	Consejos	Rating Area 8
CO	811	Costilla	Rating Area 8
CO	810	Crowley	Rating Area 8
CO	812	Custer	Rating Area 8
CO	814	Delta	Rating Area 10
CO	802	Denver	Rating Area 3
CO	813	Dolores	Rating Area 10
CO	801	Douglas	Rating Area 3
CO	804	Eagle	Rating Area 11
CO	816	Eagle	Rating Area 11
CO	801	El Paso	Rating Area 2
CO	808	El Paso	Rating Area 2
CO	809	El Paso	Rating Area 2
CO	801	Elbert	Rating Area 3
CO	808	Elbert	Rating Area 3
CO	812	Fremont	Rating Area 8
CO	816	Garfield	Rating Area 11
CO	804	Gilpin	Rating Area 3
CO	804	Grand	Rating Area 10
CO	812	Gunnison	Rating Area 10
CO	814	Gunnison	Rating Area 10
CO	812	Hinsdale	Rating Area 10
CO	810	Huerfano	Rating Area 8
CO	804	Jackson	Rating Area 10
CO	800	Jefferson	Rating Area 3
CO	801	Jefferson	Rating Area 3
CO	802	Jefferson	Rating Area 3

<u>State</u>	<u>Zip</u>	<u>County</u>	<u>Region</u>
CO	804	Jefferson	Rating Area 3
CO	810	Kiowa	Rating Area 8
CO	808	Kit Carson	Rating Area 8
CO	811	La Plata	Rating Area 10
CO	813	La Plata	Rating Area 10
CO	802	Lake Moffat	Rating Area 10
CO	804	Lake Moffat	Rating Area 10
CO	805	Larimer	Rating Area 4
CO	810	Las Animas	Rating Area 8
CO	808	Lincoln	Rating Area 8
CO	807	Logan	Rating Area 9
CO	815	Mesa	Rating Area 5
CO	816	Mesa	Rating Area 5
CO	811	Mineral	Rating Area 8
CO	813	Montezuma	Rating Area 10
CO	812	Montrose	Rating Area 10
CO	814	Montrose	Rating Area 10
CO	806	Morgan	Rating Area 9
CO	807	Morgan	Rating Area 9
CO	810	Otero	Rating Area 8
CO	814	Ouray	Rating Area 10
CO	804	Park	Rating Area 3
CO	808	Park	Rating Area 3
CO	807	Phillips	Rating Area 9
CO	816	Pitkin	Rating Area 11
CO	810	Prowers	Rating Area 8
CO	810	Pueblo	Rating Area 7
CO	816	Rio Blanco	Rating Area 10
CO	811	Rio Grande	Rating Area 8
CO	804	Routt	Rating Area 10
CO	816	Routt	Rating Area 10
CO	811	Saguache	Rating Area 8
CO	812	Saguache	Rating Area 8
CO	814	San Juan	Rating Area 10
CO	813	San Miguel	Rating Area 10
CO	814	San Miguel	Rating Area 10
CO	807	Sedgwick	Rating Area 9
CO	804	Summit	Rating Area 11
CO	808	Teller	Rating Area 2
CO	807	Washington	Rating Area 9
CO	808	Washington	Rating Area 9
CO	805	Weld	Rating Area 6
CO	806	Weld	Rating Area 6
CO	807	Weld	Rating Area 6
CO	807	Yuma	Rating Area 9
CO	808	Yuma	Rating Area 9



## Exhibit VII

### Area Factors

<u>Region</u>	<u>Area Factor</u>
Region 1	1.0053
Region 2	1.0361
Region 3	1.0420
Region 4	0.9451
Region 5	0.9690
Region 6	0.9451
Region 7	1.0345
Region 8	0.9756
Region 9	0.9451
Region 10	0.9424
Region 11	0.9904

## Exhibit VIII

### Waiting Period Credit

Waiting Period Credit =  
[ (Cost\_per\_User\_Prosth x M x Prosth Coinsurance +  
Cost\_Per\_User\_Crowns x N x Crown Coinsurance ) x  
Wait\_Fact x Trend x Area\_Fact / (Misc\_Dent\_Fact) ]  
x Util / 12

Note

See Exhibit II for miscellaneous factors.

## Exhibit IX(a)

### Maximum & Deductible Credits

#### Deductible Credit Calculation

<u>Description</u>	<u>Formula</u>
(1) Ded Lower Limit	0 if D&P not exempt; otherwise: $(\text{Diag\_Cost\_per\_User} + \text{Prev\_Cost\_per\_User}) / (\text{Stabilization})$
(2) Ded Upper Limit	$(1) + \text{Deductible} / (\text{State\_Fact} \times \text{Area\_Fact} \times \text{Trend})$
(3) % Ded Lower	0 if D&P not exempt; otherwise: $[(1) - (\text{next cost bracket} < (1) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (1) \text{ and cost bracket} < (1))$
(4) % Ded Upper	0 if D&P not exempt; otherwise: $[(2) - (\text{next cost bracket} < (2) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (2) \text{ and cost bracket} < (2))$
(5) Freq Ded Lower	Actual number of cases for (1) from Category 1 Table (interpolated value using (3))
(6) Freq Ded Upper	Actual number of cases for (2) from Category 1 Table (interpolated value using (4))
(7) Amount Ded Lower	Actual approved amount for (1) from Category 1 Table (interpolated value using (3))
(8) Amount Ded Upper	Actual approved amount for (2) from Category 1 Table (interpolated value using (4))
(9) Ded Credit	$[(8) - (7) - (2) \times (6) + (1) \times (5)] / (17) + (2) - (1)$
(10) Ded Credit with Factors	$(9) \times \text{Trend} \times \text{Area\_Fact} \times \text{State\_Fact}$
(11) Ded Credit with Coinsur Monthly Ded Credit	$(10) \times (\text{Simple Restoration Coins} \times \text{Rest\_Usage} + \text{Other Basic Coins} \times \text{OtherBasic\_Usage}) \times \text{Stabilization} \times \text{Util}$ $(11) / 12$

#### Maximum Credit Calculation

<u>Description</u>	<u>Formula</u>
(12) Max Limit	$(\text{Diag\_Cost\_per\_User} + \text{Prev\_Cost\_per\_User}) \times (1 - \text{DiagCoinsur}/(21)) + [\text{Max} + (11) / (\text{Stabilization} \times \text{Util}) + (\text{Prosth\_Cost\_per\_User} \times \text{Prosth Coinsur} \times \text{M} + \text{Crown\_Cost\_per\_User} \times \text{Crown Coinsur} \times \text{N}) / (\text{Stabilization} \times \text{Misc\_Dent\_Fact}) \times \text{Trend} \times \text{Wait\_Fact}] / (21)$
(13) Max Limit '93	$(12) / (\text{State\_Fact} \times \text{Area\_Fact} \times \text{Trend})$
(14) % Max Limit '93	0 if maximum=0; otherwise: $[(13) - (\text{next cost bracket} < (13) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (13) \text{ and cost bracket} < (13))$
(15) # Max Limit '93	Actual number of cases for (13) from Category 1 Table (interpolated value using (14))
(16) \$ Max Limit '93	Actual approved amount for (13) from Category 1 Table (interpolated value using (14))
(17) Total No. Cases	Constant from Category 1 Table
(18) Total Amt Approved	Constant from Category 1 Table
(19) Est Amt Given Max	0 if maximum=0; otherwise: $(16) + (13) \times [(17) - (15)]$
(20) Max Credit	0 if $(18) < (19)$ ; otherwise: $[(18) - (19)] / (17) \times \text{Max\_Credit\_Adj}$
(21) Major Service Coinsur	$[\text{OtherBasic\_Coinsur} \times \text{Basic\_Util} + \text{Crown\_Coinsur} \times \text{Crown\_Util} + \text{Prosth\_Coinsur} \times \text{Prosth\_Util}] / (\text{Basic\_Util} + \text{Crown\_Util} + \text{Prosth\_Util})$
(22) Adj Max Credit Monthly Max Credit	$(20) \times (21) \times \text{Trend} \times \text{Area\_Fact} \times \text{State\_Fact}$ $[(22) \times \text{Stabilization} \times \text{Util}] / 12$

**Exhibit IX(b) - Maximum and Deductible Credits**  
**Category 1 Table (Full Benefits - i.e. all copays >= 50%)**

<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>
-	2	113	1,601	169	3,244	140	144	144,777	13,440,174	157,529	13,947,766
2	4	226	3,203	338	6,487	144	148	150,525	14,287,978	162,130	14,625,375
4	6	338	4,804	507	9,731	148	152	156,289	15,161,119	166,333	15,260,743
6	8	451	6,405	676	12,974	152	156	161,961	16,043,213	170,757	15,946,155
8	10	564	8,006	844	16,218	156	160	167,524	16,930,935	175,507	16,700,770
10	12	703	10,640	1,085	21,390	160	164	172,985	17,821,216	180,251	17,473,688
12	14	857	13,844	1,364	27,629	164	168	178,330	18,713,656	184,642	18,207,035
14	16	1,011	17,049	1,643	33,869	168	172	183,546	19,605,069	188,715	18,902,978
16	18	1,165	20,253	1,923	40,108	172	176	188,558	20,481,415	192,673	19,594,599
18	20	1,319	23,458	2,202	46,348	176	180	193,352	21,339,334	196,552	20,287,913
20	22	1,473	26,662	2,482	52,587	180	184	197,930	22,177,085	200,350	20,982,277
22	24	1,627	29,867	2,761	58,827	184	188	202,309	22,996,325	204,034	21,671,185
24	26	1,781	33,071	3,041	65,066	188	192	206,532	23,803,540	207,519	22,337,166
26	28	1,976	38,289	3,506	77,338	192	196	210,600	24,597,815	210,799	22,977,660
28	30	2,198	44,796	4,069	93,606	196	200	214,514	25,377,909	213,876	23,591,034
30	32	2,517	55,729	4,825	118,514	200	204	218,274	26,142,040	216,788	24,182,622
32	34	2,837	66,662	5,595	145,503	204	208	221,883	26,889,966	219,571	24,759,639
34	36	3,235	81,092	6,401	175,418	208	212	225,339	27,620,465	222,228	25,321,060
36	38	3,766	101,605	7,382	213,455	212	216	228,649	28,332,435	224,761	25,866,316
38	40	4,460	129,747	8,789	269,869	216	220	231,855	29,033,763	227,212	26,402,901
40	42	5,667	180,830	10,616	346,793	220	224	234,987	29,730,877	229,604	26,935,993
42	44	7,224	250,824	12,711	439,567	224	228	238,066	30,428,401	231,952	27,468,825
44	46	9,094	338,996	14,892	540,865	228	232	241,090	31,125,904	234,256	28,001,045
46	48	11,654	463,441	17,340	659,103	232	236	244,061	31,822,954	236,517	28,532,302
48	50	15,037	633,479	20,088	797,090	236	240	246,978	32,519,119	238,734	29,062,247
50	52	18,649	823,811	22,959	947,790	240	244	249,829	33,211,045	240,908	29,589,937
52	54	21,898	1,001,664	25,776	1,101,335	244	248	252,601	33,895,062	243,039	30,115,742
54	56	24,816	1,165,407	28,559	1,258,034	248	252	255,294	34,570,539	245,126	30,639,314
56	58	27,418	1,317,080	31,319	1,419,040	252	256	257,909	35,236,846	247,171	31,160,309
58	60	29,704	1,455,406	34,053	1,584,244	256	260	260,445	35,893,353	249,172	31,678,378
60	62	31,880	1,588,938	36,839	1,757,138	260	264	262,903	36,539,428	251,130	32,193,177
62	64	34,155	1,733,027	39,752	1,943,714	264	268	265,289	37,176,076	253,045	32,704,364
64	66	36,527	1,888,065	42,792	2,144,473	268	272	267,615	37,806,917	254,916	33,211,320
66	68	38,998	2,054,441	45,959	2,359,916	272	276	269,877	38,429,324	256,744	33,713,917
68	70	41,566	2,232,545	49,252	2,590,540	276	280	272,074	39,042,779	258,529	34,211,809
70	72	44,181	2,419,804	52,642	2,834,294	280	284	274,205	39,646,760	260,271	34,704,647
72	74	46,791	2,611,963	56,096	3,089,637	284	288	276,272	40,240,747	261,969	35,192,085
74	76	49,396	2,808,999	59,615	3,356,819	288	292	278,274	40,824,220	263,624	35,673,775
76	78	51,995	3,010,887	63,198	3,636,092	292	296	280,211	41,396,658	265,235	36,149,369
78	80	54,589	3,217,605	66,845	3,927,707	296	300	282,083	41,957,540	266,804	36,618,521
80	82	57,220	3,433,536	70,533	4,229,130	300	304	283,891	42,506,353	268,331	37,081,245
82	84	59,925	3,661,323	74,210	4,537,114	304	308	285,635	43,042,910	269,820	37,538,323
84	86	62,705	3,900,923	77,876	4,851,531	308	312	287,315	43,566,697	271,270	37,989,447
86	88	65,559	4,152,630	81,530	5,172,332	312	316	288,931	44,077,203	272,682	38,434,307
88	90	68,487	4,416,736	85,172	5,499,466	316	320	290,484	44,573,917	274,055	38,872,596
90	92	71,433	4,688,782	88,723	5,826,455	320	324	291,980	45,057,218	275,392	39,304,398
92	94	74,341	4,963,227	92,101	6,144,645	324	328	293,443	45,535,276	276,698	39,731,426
94	96	77,210	5,239,912	95,308	6,453,346	328	332	294,877	46,009,239	277,973	40,153,684
96	98	80,040	5,518,678	98,342	6,751,865	332	336	296,280	46,478,866	279,218	40,570,927
98	100	82,832	5,799,366	101,205	7,039,508	336	340	297,653	46,943,916	280,433	40,982,912
100	104	88,410	6,376,338	106,645	7,600,963	340	344	299,003	47,405,671	281,623	41,390,916
104	108	94,056	6,982,749	111,864	8,160,388	344	348	300,335	47,866,935	282,792	41,796,697
108	112	99,755	7,616,666	116,993	8,729,081	348	352	301,651	48,327,570	283,941	42,200,095
112	116	105,450	8,272,956	122,270	9,335,073	352	356	302,949	48,787,439	285,070	42,600,945
116	120	111,132	8,950,728	127,726	9,983,471	356	360	304,231	49,246,408	286,179	42,999,088
120	124	116,770	9,646,228	133,048	10,638,052	360	364	305,495	49,704,339	287,267	43,394,360
124	128	122,331	10,354,969	137,925	11,257,911	364	368	306,742	50,161,096	288,335	43,786,599
128	132	127,837	11,078,434	142,458	11,852,069	368	372	307,973	50,616,543	289,383	44,175,643
132	136	133,408	11,832,314	147,257	12,499,659	372	376	309,186	51,070,669	290,411	44,561,267
136	140	139,063	12,620,382	152,426	13,217,507	376	380	310,369	51,519,653	291,421	44,943,995

**Exhibit IX(b) - Maximum and Deductible Credits**  
**Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)**

<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>
380	384	311,520	51,960,649	292,414	45,324,318	800	810	394,675	101,429,566	339,421	70,734,225
384	388	312,638	52,393,796	293,390	45,701,770	810	820	396,534	102,946,460	339,884	71,111,476
388	392	313,728	52,820,134	294,347	46,075,755	820	830	398,335	104,434,823	340,346	71,492,962
392	396	314,788	53,239,518	295,285	46,446,137	830	840	400,079	105,893,513	340,808	71,878,675
396	400	315,820	53,651,719	296,204	46,812,763	840	850	401,766	107,321,385	341,270	72,268,604
400	404	316,823	54,056,505	297,105	47,175,484	850	860	403,397	108,718,045	341,730	72,662,141
404	408	317,798	54,453,647	297,986	47,534,148	860	870	404,990	110,097,606	342,174	73,046,848
408	412	318,744	54,842,915	298,849	47,888,603	870	880	406,551	111,465,245	342,596	73,417,532
412	416	319,661	55,224,077	299,692	48,238,699	880	890	408,080	112,820,323	342,998	73,773,772
416	420	320,549	55,596,904	300,517	48,584,284	890	900	409,577	114,162,204	343,379	74,115,144
420	424	321,408	55,961,165	301,323	48,925,207	900	910	411,042	115,489,741	343,739	74,442,277
424	428	322,239	56,316,630	302,110	49,261,316	910	920	412,456	116,786,981	344,091	74,763,879
428	432	323,050	56,665,979	302,878	49,592,603	920	930	413,802	118,034,309	344,444	75,091,247
432	436	323,858	57,016,556	303,629	49,919,192	930	940	415,078	119,230,253	344,801	75,424,499
436	440	324,664	57,369,939	304,366	50,242,340	940	950	416,284	120,373,424	345,160	75,763,687
440	444	325,470	57,726,730	305,090	50,562,866	950	960	417,422	121,462,435	345,521	76,108,859
444	448	326,277	58,086,933	305,801	50,880,670	960	970	418,501	122,505,953	345,882	76,457,789
448	452	327,085	58,450,550	306,500	51,195,651	970	980	419,571	123,550,747	346,233	76,799,889
452	456	327,893	58,817,585	307,186	51,507,708	980	990	420,638	124,602,794	346,571	77,133,621
456	460	328,701	59,188,041	307,860	51,816,740	990	1,000	421,701	125,662,022	346,898	77,458,742
460	464	329,510	59,561,922	308,521	52,122,647	1,000	1,020	423,865	127,848,704	347,516	78,083,798
464	468	330,319	59,939,230	309,170	52,425,327	1,020	1,040	425,954	130,002,876	348,130	78,716,315
468	472	331,128	60,319,969	309,806	52,724,679	1,040	1,060	427,861	132,008,425	348,766	79,384,054
472	476	331,938	60,704,142	310,429	53,020,602	1,060	1,080	429,608	133,879,462	349,418	80,082,288
476	480	332,748	61,091,752	311,039	53,312,996	1,080	1,100	431,368	135,795,565	350,041	80,762,035
480	484	333,557	61,482,322	311,638	53,601,948	1,100	1,120	433,156	137,780,725	350,629	81,416,929
484	488	334,351	61,869,653	312,227	53,888,864	1,120	1,140	434,953	139,811,728	351,190	82,051,903
488	492	335,129	62,252,002	312,808	54,173,985	1,140	1,160	436,758	141,888,931	351,722	82,665,832
492	496	335,890	62,629,235	313,381	54,457,243	1,160	1,180	438,573	144,012,778	352,226	83,257,569
496	500	336,634	63,001,220	313,945	54,738,571	1,180	1,200	440,339	146,121,409	352,729	83,855,564
500	510	338,433	63,913,810	315,325	55,436,338	1,200	1,220	442,050	148,194,207	353,246	84,479,832
510	520	340,151	64,802,437	316,665	56,127,567	1,220	1,240	443,737	150,272,799	353,770	85,124,548
520	530	341,787	65,665,464	317,965	56,811,465	1,240	1,260	445,402	152,356,256	354,303	85,790,040
530	540	343,353	66,506,793	319,224	57,486,045	1,260	1,280	447,043	154,443,650	354,844	86,476,640
540	550	344,950	67,378,259	320,423	58,140,565	1,280	1,300	448,683	156,559,804	355,384	87,174,439
550	560	346,596	68,293,557	321,558	58,771,618	1,300	1,320	450,349	158,743,368	355,899	87,850,557
560	570	348,292	69,253,690	322,629	59,377,927	1,320	1,340	452,011	160,955,284	356,387	88,501,178
570	580	350,039	70,259,659	323,636	59,958,210	1,340	1,360	453,670	163,195,402	356,848	89,125,224
580	590	351,835	71,312,484	324,579	60,511,215	1,360	1,380	455,324	165,463,571	357,282	89,721,617
590	600	353,636	72,387,568	325,478	61,047,421	1,380	1,400	456,970	167,753,187	357,690	90,290,230
600	610	355,423	73,470,806	326,355	61,578,499	1,400	1,420	458,562	170,002,037	358,083	90,844,605
610	620	357,213	74,573,651	327,214	62,107,249	1,420	1,440	460,101	172,206,005	358,464	91,388,240
620	630	359,005	75,696,158	328,054	62,633,308	1,440	1,460	461,586	174,362,942	358,831	91,920,616
630	640	360,800	76,838,381	328,877	63,156,315	1,460	1,480	463,018	176,470,698	359,185	92,441,212
640	650	362,614	78,009,672	329,677	63,673,563	1,480	1,500	464,395	178,527,090	359,526	92,949,514
650	660	364,489	79,238,767	330,447	64,178,382	1,500	1,520	465,738	180,555,902	359,850	93,438,478
660	670	366,428	80,528,788	331,185	64,669,814	1,520	1,540	467,064	182,585,122	360,152	93,900,907
670	680	368,430	81,881,000	331,891	65,147,224	1,540	1,560	468,372	184,614,055	360,432	94,335,938
680	690	370,495	83,296,674	332,565	65,609,976	1,560	1,580	469,663	186,642,011	360,691	94,742,707
690	700	372,620	84,774,992	333,209	66,058,225	1,580	1,600	470,937	188,668,297	360,929	95,120,353
700	710	374,748	86,277,496	333,839	66,502,686	1,600	1,620	472,183	190,676,902	361,148	95,472,647
710	720	376,845	87,779,737	334,462	66,948,258	1,620	1,640	473,366	192,608,471	361,358	95,815,336
720	730	378,912	89,281,109	335,078	67,394,794	1,640	1,660	474,485	194,457,522	361,561	96,150,108
730	740	380,949	90,781,010	335,686	67,842,151	1,660	1,680	475,549	196,238,218	361,758	96,479,883
740	750	382,956	92,278,823	336,287	68,290,184	1,680	1,700	476,561	197,951,366	361,951	96,804,930
750	760	384,942	93,780,053	336,871	68,732,082	1,700	1,720	477,522	199,597,436	362,138	97,124,640
760	770	386,915	95,291,773	337,431	69,160,520	1,720	1,740	478,464	201,228,129	362,316	97,432,841
770	780	388,876	96,813,738	337,965	69,574,992	1,740	1,760	479,399	202,863,832	362,484	97,727,197
780	790	390,825	98,345,700	338,473	69,974,994	1,760	1,780	480,325	204,504,230	362,642	98,007,309
790	800	392,762	99,887,413	338,957	70,360,019	1,780	1,800	481,244	206,149,005	362,791	98,272,781

**Exhibit IX(b) - Maximum and Deductible Credits**  
**Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)**

<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Adult Nx</u>	<u>Adult Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>
1,800	1,820	482,158	207,803,042	362,930	98,524,803	3,250	3,275	514,486	283,969,360	365,867	105,123,591
1,820	1,840	483,060	209,455,668	363,062	98,765,466	3,275	3,300	514,668	284,568,785	365,875	105,149,716
1,840	1,860	483,939	211,083,031	363,185	98,994,173	3,300	3,325	514,846	285,156,348	365,883	105,175,521
1,860	1,880	484,794	212,684,047	363,301	99,210,590	3,325	3,350	515,022	285,742,726	365,891	105,201,495
1,880	1,900	485,626	214,257,774	363,409	99,414,400	3,350	3,375	515,197	286,327,836	365,899	105,227,636
1,900	1,920	486,434	215,803,271	363,509	99,605,289	3,375	3,400	515,369	286,911,594	365,906	105,253,944
1,920	1,940	487,221	217,323,979	363,602	99,784,364	3,400	3,425	515,540	287,493,917	365,914	105,280,420
1,940	1,960	487,998	218,839,624	363,691	99,958,568	3,425	3,450	515,710	288,074,719	365,922	105,307,062
1,960	1,980	488,765	220,352,388	363,778	100,128,752	3,450	3,475	515,877	288,653,917	365,930	105,333,870
1,980	2,000	489,523	221,861,896	363,862	100,294,797	3,475	3,500	516,043	289,231,427	365,938	105,360,844
2,000	2,025	490,455	223,738,644	363,964	100,499,485	3,500	3,525	516,208	289,807,165	365,946	105,387,984
2,025	2,050	491,364	225,592,827	364,063	100,702,276	3,525	3,550	516,370	290,381,047	365,953	105,415,288
2,050	2,075	492,238	227,398,567	364,158	100,895,852	3,550	3,575	516,531	290,952,988	365,961	105,442,758
2,075	2,100	493,076	229,151,061	364,245	101,078,986	3,575	3,600	516,690	291,522,906	365,969	105,470,392
2,100	2,125	493,879	230,848,508	364,327	101,251,374	3,600	3,625	516,847	292,087,344	365,977	105,497,996
2,125	2,150	494,646	232,489,503	364,403	101,413,053	3,625	3,650	516,999	292,640,931	365,984	105,525,313
2,150	2,175	495,388	234,093,762	364,475	101,569,026	3,650	3,675	517,147	293,183,466	365,992	105,552,336
2,175	2,200	496,109	235,670,440	364,545	101,720,926	3,675	3,700	517,292	293,714,744	365,999	105,579,059
2,200	2,225	496,810	237,218,484	364,612	101,868,621	3,700	3,725	517,432	294,234,564	366,006	105,605,475
2,225	2,250	497,489	238,736,838	364,676	102,011,975	3,725	3,750	517,568	294,742,773	366,013	105,631,589
2,250	2,275	498,151	240,233,905	364,738	102,151,801	3,750	3,775	517,699	295,239,408	366,020	105,657,327
2,275	2,300	498,803	241,720,998	364,797	102,287,809	3,775	3,800	517,826	295,720,758	366,027	105,681,865
2,300	2,325	499,442	243,197,538	364,854	102,419,881	3,800	3,825	517,948	296,186,579	366,033	105,705,185
2,325	2,350	500,070	244,662,948	364,909	102,547,900	3,825	3,850	518,065	296,636,624	366,038	105,727,268
2,350	2,375	500,686	246,116,647	364,961	102,671,747	3,850	3,875	518,177	297,070,650	366,044	105,748,097
2,375	2,400	501,291	247,558,058	365,011	102,791,307	3,875	3,900	518,284	297,488,409	366,049	105,767,653
2,400	2,425	501,884	248,986,600	365,059	102,906,461	3,900	3,925	518,386	297,889,657	366,053	105,785,919
2,425	2,450	502,466	250,401,697	365,104	103,017,092	3,925	3,950	518,483	298,274,148	366,058	105,802,875
2,450	2,475	503,036	251,802,767	365,147	103,123,083	3,950	3,975	518,576	298,641,636	366,062	105,818,504
2,475	2,500	503,594	253,189,234	365,188	103,224,318	3,975	4,000	518,663	298,991,877	366,065	105,832,789
2,500	2,525	504,139	254,554,679	365,227	103,321,604	4,000	4,100	518,985	300,296,406	366,077	105,880,677
2,525	2,550	504,667	255,892,039	365,264	103,416,647	4,100	4,200	519,271	301,484,756	366,085	105,915,877
2,550	2,575	505,178	257,200,494	365,300	103,509,382	4,200	4,300	519,522	302,550,540	366,091	105,937,808
2,575	2,600	505,674	258,479,224	365,335	103,599,748	4,300	4,400	519,764	303,592,452	366,095	105,956,355
2,600	2,625	506,152	259,727,407	365,369	103,687,680	4,400	4,500	520,010	304,680,409	366,100	105,978,427
2,625	2,650	506,615	260,944,224	365,402	103,773,116	4,500	4,600	520,254	305,791,055	366,106	106,004,067
2,650	2,675	507,060	262,128,854	365,433	103,855,991	4,600	4,700	520,491	306,888,123	366,112	106,032,739
2,675	2,700	507,490	263,283,796	365,463	103,936,984	4,700	4,800	520,719	307,969,984	366,119	106,064,548
2,700	2,725	507,902	264,403,411	365,492	104,016,470	4,800	4,900	520,930	308,996,367	366,125	106,097,048
2,725	2,750	508,296	265,486,236	365,521	104,094,372	4,900	5,000	521,103	309,860,416	366,131	106,123,525
2,750	2,775	508,679	266,543,793	365,548	104,170,201	5,000	5,100	521,245	310,580,327	366,135	106,144,492
2,775	2,800	509,054	267,590,474	365,574	104,243,355	5,100	5,200	521,362	311,187,820	366,138	106,160,662
2,800	2,825	509,422	268,625,912	365,599	104,313,774	5,200	5,300	521,455	311,677,972	366,140	106,171,831
2,825	2,850	509,782	269,649,738	365,623	104,381,396	5,300	5,400	521,526	312,058,465	366,141	106,178,330
2,850	2,875	510,135	270,661,588	365,645	104,446,162	5,400	5,500	521,598	312,450,160	366,143	106,185,854
2,875	2,900	510,481	271,661,092	365,667	104,508,011	5,500	5,600	521,677	312,884,783	366,145	106,195,997
2,900	2,925	510,820	272,647,886	365,687	104,566,883	5,600	5,700	521,763	313,363,628	366,147	106,208,850
2,925	2,950	511,151	273,621,600	365,706	104,622,718	5,700	5,800	521,855	313,887,983	366,150	106,224,501
2,950	2,975	511,475	274,581,870	365,724	104,675,454	5,800	5,900	521,953	314,459,083	366,153	106,243,053
2,975	3,000	511,791	275,528,326	365,740	104,725,033	5,900	6,000	522,047	315,016,177	366,156	106,262,043
3,000	3,025	512,098	276,453,970	365,756	104,772,117	6,000	7,000	522,465	317,681,700	366,168	106,339,359
3,025	3,050	512,392	277,349,119	365,770	104,817,087	7,000	8,000	522,646	319,030,435	366,171	106,359,720
3,050	3,075	512,673	278,213,145	365,784	104,859,902	8,000	9,000	522,777	320,135,723	366,174	106,386,057
3,075	3,100	512,942	279,045,419	365,797	104,900,521	9,000	10,000	522,859	320,898,262	366,178	106,419,247
3,100	3,125	513,198	279,845,313	365,809	104,938,902	10,000	50,000	523,277	324,777,927	366,203	106,648,643
3,125	3,150	513,442	280,612,198	365,821	104,975,004						
3,150	3,175	513,673	281,345,444	365,831	105,008,787						
3,175	3,200	513,891	282,044,423	365,841	105,040,208						
3,200	3,225	514,098	282,708,762	365,850	105,069,122						
3,225	3,250	514,296	283,349,223	365,859	105,096,721						

## Exhibit X

### Individual Adjustment Factors

Adult High and Low	1.5500
Pediatric High and Low	1.3000

### Exhibit XI PPO Discount

PPO Discount	1.0000
--------------	--------

## Exhibit XII

### Richness of Benefits Adjustment Factors

<u>Maximum</u>	<u>Factor</u>
0 - 750	0.9837
750 - 799	0.9874
800 - 849	0.9910
850 - 899	0.9943
900 - 949	0.9973
950 - 1000	1.0000
1,001 - 1,049	1.0038
1,050 - 1,099	1.0073
1,100 - 1,149	1.0103
1,150 - 1,199	1.0132
1,200 - 1,249	1.0160
1,250 - 1,299	1.0181
1,300 - 1,349	1.0202
1,350 - 1,399	1.0222
1,400 - 1,449	1.0240
1,450 - 1,499	1.0257
1,500 - 1,549	1.0270
1,550 - 1,599	1.0284
1,600 - 1,649	1.0306
1,650 - 1,699	1.0306
1,700 - 1,749	1.0318
1,750 - 1,799	1.0328
1,800 - 1,849	1.0337
1,850 - 1,899	1.0346
1,900 - 1,949	1.0352
1,950 - 1,999	1.0360
2,000 - 2,049	1.0366
2,050 - 2,499	1.0408

## **Exhibit XIII**

### **Ortho Manual Rate Calculation**

Monthly Child Ortho Premium = (Cost per User x Utilization x Adj for Medically Necessary)  
/ 24 months x Area Factor

Monthly Child Ortho Premium = (\$4,000 x .055 x .25) / 24 x Area Factor

## **Exhibit XIV**

### **Out of Pocket Maximum Rate**

No Out of Pocket Max	\$	-
Pediatric PPO High	\$	0.96
Pediatric PPO Low	\$	1.32

No Multi-Child OOP Max Factor	1.000
Multi-Child OOP Max Factor	1.006

*Out of Pocket Maximum rates would be subject to the area factor.*

## **Exhibit XV**

### **TMJ Rates**

Monthly TMJ Premium = (Cost per User x Utilization ) / 12 months x Area Factor

Monthly Adult Supplemental TMJ Premium = (\$300 x .01 ) / 12 x Area Factor

Monthly Child Supplemental TMJ Premium = (\$300 x .002 ) / 12 x Area Factor

Monthly Pediatric EHB TMJ Premium = (\$1,275 x .002 ) / 12 x Area Factor

## **Exhibit XVI**

### **Dental Accident**

Dental Accident, if offered, is assumed to be 1% of total service cost

# Exhibit XVII

## Example of Individual Manual Rating Calculation

**Plan:** Pediatric Low  
**State:** CO  
**Zip Code:** 800 Region 1  
**Area Factor:** 1.0053

### Coinsurance

Diagnostic & Preventive 100%  
 Basic 50%  
 Major 50%  
 Ortho (medically necessary) 50%  
 TMJ 0%

### Waiting Period

none

### Deductibles

Individual \$40  
 Family not applicable  
 D&P Exempt no

### Maximums

Individual not applicable  
 OOP Max \$700 single child  
 OOP Max \$1,400 more than one child

Child	CPU	Util	Adj Coins*	Trend	Misc Dent	# Mths	Mon Rate
Crowns	15.7557982	0.5097	47.47%	1.04	0.9704	12	0.34
Diagnostic	100.1493307	0.5097	98.17%	1.04	0.9704	12	4.48
Other Basic	91.91815243	0.5097	52.65%	1.04	0.9704	12	2.20
Preventive	102.5403939	0.5097	98.17%	1.04	0.9704	12	4.58
Prosth	5.525617864	0.5097	47.47%	1.04	0.9704	12	0.12
Simple Rest	120.4086263	0.5097	52.66%	1.04	0.9704	12	2.89
<b>Total</b>							<b>14.61</b>

\*Adj Coins for limited EHB benefits

Wait Credit 0

### Deductible Credit Calculation

#### Description

Ded Lower Limit 0.00  
 Ded Upper Limit 43.23  
 % Ded Lower 0.00%  
 % Ded Upper 61.27%  
 Freq Ded Lower 0.00  
 Freq Ded Upper 11,899.29  
 Amount Ded Lower 0.00  
 Amount Ded Upper 403,633.97  
 Ded Credit 42.92  
 Ded Credit with Factors 39.72  
 Ded Credit with Coinsur 18.70  
 Monthly Ded Credit 1.53

#### Child Cost Bracket

Lower	Upper
0	2
42	44



**Maximum Credit Calculation****Description**

Max Limit	17,639.30
Max Limit '93	19,061.62
% Max Limit '93	22.65%
# Max Limit '93	366,183.81
\$ Max Limit '93	106,471,214.76
Total No. Cases	366,203.00
Total Amt Approved	106,648,643.31
Est Amt Given Max	106,837,093.03
Max Credit	0.00
Major Service Coinsur	52.38%
Adj Max Credit	0.00
Monthly Max Credit	0.00

## Child Cost Bracket

Lower	Upper
10000	50000

**Rate less Credits                      \$13.08**

Sealant Adj	1.0143
Individual Adj	1.3000
Richness of Benefits Adj	1.0408
PPO Disc	1.0000
<b>Adj Rate</b>	<b>\$17.95</b>

Ortho	2.30
OOP Max Rate	0.80
TMJ Rate	0
<b>Adj Rate</b>	<b>\$21.04</b>

Multi-Child OOP Max	1.0060
Dental Accident	1.0000
<b>Service Cost Rate</b>	<b>\$21.17</b>

**Total Admin                              35.00%**

**Total Rate                                \$32.57**



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 30, 2013**

Form Numbers PIP85-CO-DIC, PIP70-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Form numbers PIP85-CO-DIC, PIP70-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.



#### G. Relation of Benefits to Premiums

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

<u>Formula</u>	<u>Pediatric Low</u>
Cost per User: Crowns	\$15.76
Cost per User: Diagnostic	\$100.15
Cost per User: Other Basic	\$91.92
Cost per User: Preventive	\$102.54
Cost per User: Prosthodontic	\$5.53
Cost per User: Simple Restoration	\$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	\$0.34
= Monthly Rates: Diagnostic	\$4.48
= Monthly Rates: Other Basic	\$2.20
= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12



= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	\$29.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is  
for: Comparable Product, National  
Experience  
Period: From 01/01/2010 to 12/31/2012  
Additional  
Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 30, 2013

---

Date

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$36.02	\$29.57
Region 2	\$37.12	\$30.47
Region 3	\$37.33	\$30.65
Region 4	\$33.86	\$27.80
Region 5	\$34.72	\$28.50
Region 6	\$33.86	\$27.80
Region 7	\$37.06	\$30.42
Region 8	\$34.95	\$28.69
Region 9	\$33.86	\$27.80
Region 10	\$33.77	\$27.72
Region 11	\$35.48	\$29.13

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses	16.40%	16.40%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	30.90%	28.40%
Benefits Ratio **	71.98%	74.58%

\*\* Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%





## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 30, 2013**

Form Numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Form numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.



#### G. Relation of Benefits to Premiums

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

<u>Formula</u>	<u>Pediatric Low</u>
Cost per User: Crowns	\$15.76
Cost per User: Diagnostic	\$100.15
Cost per User: Other Basic	\$91.92
Cost per User: Preventive	\$102.54
Cost per User: Prosthodontic	\$5.53
Cost per User: Simple Restoration	\$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	\$0.34
= Monthly Rates: Diagnostic	\$4.48
= Monthly Rates: Other Basic	\$2.20
= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12



= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	\$29.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is

for: Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

Additional

Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 30, 2013

---

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$36.02	\$29.57	\$60.94	\$37.88
Region 2	\$37.12	\$30.47	\$62.81	\$39.04
Region 3	\$37.33	\$30.65	\$63.17	\$39.26
Region 4	\$33.86	\$27.80	\$57.29	\$35.61
Region 5	\$34.72	\$28.50	\$58.74	\$36.51
Region 6	\$33.86	\$27.80	\$57.29	\$35.61
Region 7	\$37.06	\$30.42	\$62.71	\$38.98
Region 8	\$34.95	\$28.69	\$59.14	\$36.76
Region 9	\$33.86	\$27.80	\$57.29	\$35.61
Region 10	\$33.77	\$27.72	\$57.13	\$35.51
Region 11	\$35.48	\$29.13	\$60.04	\$37.32

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses	16.40%	16.40%	16.40%	16.40%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	30.90%	28.40%	30.90%	30.90%
Benefits Ratio **	71.98%	74.58%	71.98%	71.98%

\*\* Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/26/2013		Supporting Document	Actuarial Memorandum	07/30/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 26.pdf (Superceded) Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 26.pdf (Superceded)



<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/19/2013		Supporting Document	Actuarial Memorandum	07/26/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 23.pdf (Superceded) Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 23.pdf (Superceded)
07/18/2013		Supporting Document	Actuarial Memorandum	07/19/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 17.pdf (Superceded) Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 17.pdf (Superceded)

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/02/2013		Supporting Document	Actuarial Memorandum	07/18/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 07 02 (2).pdf (Superceded) Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 07 02 (2).pdf (Superceded)
06/27/2013		Supporting Document	Actuarial Memorandum	07/02/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 26.pdf (Superceded) Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 26.pdf (Superceded)

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/12/2013		Rate	Dental Manual Rate Formula	06/27/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf (Superceded) Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf (Superceded) Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls
06/12/2013		Supporting Document	Actuarial Memorandum	06/27/2013	Actuarial Memorandum Dentegra CO Pediatric PPO Individual 2013 06 12.pdf (Superceded) Actuarial Memorandum Dentegra CO Supplemental PPO Individual 2013 06 12.pdf (Superceded) Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls
06/08/2013		Form	PPO Individual Pediatric Dental Policy	07/19/2013	

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/08/2013		Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – High Plan	07/19/2013	
06/08/2013		Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – Low Plan	07/19/2013	
06/08/2013		Form	PPO Individual Pediatric Dental Attachment B (Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Form	PPO Individual Pediatric Dental Attachment B-1 (Schedule of Covered Services)	07/19/2013	
06/08/2013		Form	PPO Individual Combined/Integrated EHB and Sup Dental Policy	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – High Plan	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – Low Plan	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment B (EHB Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment B-1 (EHB Schedule of Covered Services and Limitations)	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - High Plan	07/19/2013	

<b>State:</b>	Colorado	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing		
<b>Project Name/Number:</b>	DIC HCR IND PPO RATES - PPACA Dental Filing/DIC HCR IND PPO RATES - PPACA Dental Filing		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/08/2013		Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - Low Plan	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Supporting Document	HR-1 Form (H)	08/02/2013	CO HR1 Individual Inside.pdf (Superceded)



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 26, 2013**

Form Numbers PIP85-CO-DIC, PIP70-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this is a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Form numbers PIP85-CO-DIC, PIP70-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	34.90%	32.40%	
Targeted Loss Ratio	65.10%	67.60%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 – 32.40%
= Total Rate	\$31.32

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.





#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is  
for: Comparable Product, National  
Experience  
Period: From 01/01/2010 to 12/31/2012  
Additional  
Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	67.81% (high), 70.42% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 26, 2013

---

Date

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$38.23	\$31.32
Region 2	\$39.40	\$32.27
Region 3	\$39.63	\$32.46
Region 4	\$35.94	\$29.44
Region 5	\$36.85	\$30.18
Region 6	\$35.94	\$29.44
Region 7	\$39.34	\$32.22
Region 8	\$37.10	\$30.39
Region 9	\$35.94	\$29.44
Region 10	\$35.84	\$29.36
Region 11	\$37.66	\$30.85

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses	20.40%	20.40%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	34.90%	32.40%
Anticipated Loss Ratio **	67.81%	70.42%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 26, 2013**

Form Numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Form numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	34.90%	32.40%	
Targeted Loss Ratio	65.10%	67.60%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 – 32.40%
= Total Rate	\$31.32

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is

for: Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

Additional

Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	67.81% (high), 70.42% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and





- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 26, 2013

---

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$38.23	\$31.32	\$64.69	\$40.21
Region 2	\$39.40	\$32.27	\$66.67	\$41.44
Region 3	\$39.63	\$32.46	\$67.05	\$41.68
Region 4	\$35.94	\$29.44	\$60.82	\$37.81
Region 5	\$36.85	\$30.18	\$62.35	\$38.76
Region 6	\$35.94	\$29.44	\$60.82	\$37.81
Region 7	\$39.34	\$32.22	\$66.57	\$41.38
Region 8	\$37.10	\$30.39	\$62.78	\$39.02
Region 9	\$35.94	\$29.44	\$60.82	\$37.81
Region 10	\$35.84	\$29.36	\$60.64	\$37.70
Region 11	\$37.66	\$30.85	\$63.73	\$39.61

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses	20.40%	20.40%	20.40%	20.40%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	34.90%	32.40%	34.90%	34.90%
Anticipated Loss Ratio **	67.81%	70.42%	67.81%	67.81%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 23, 2013**

Form Numbers PIP85-CO-DIC, PIP70-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Form numbers PIP85-CO-DIC, PIP70-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### **J. Trend**

The total annualized trend rate is 4% (see Supporting Documentation).

#### **K. Credibility**

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### **L. Data Requirements**

##### **COLORADO DATA**

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is

for: Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

Additional

Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 23, 2013

---

Date



**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$39.83	\$32.57
Region 2	\$41.05	\$33.57
Region 3	\$41.28	\$33.76
Region 4	\$37.45	\$30.62
Region 5	\$38.39	\$31.39
Region 6	\$37.45	\$30.62
Region 7	\$40.99	\$33.52
Region 8	\$38.65	\$31.61
Region 9	\$37.45	\$30.62
Region 10	\$37.34	\$30.53
Region 11	\$39.24	\$32.09

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 23, 2013**

Form Numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Form numbers XIP85hi-CO-DIC, XIP85lo-CO-DIC, XIP70hi-CO-DIC, XIP70lo-CO-DIC, Ilap-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

- |  |                |
|--|----------------|
| 1. Credibility Percentage:   | Not applicable |
| 2. Number of years of data used to calculate above credibility percentage:   | Not applicable |
| 3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: | Not applicable |

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is  
 for: Comparable Product, National  
 Experience  
 Period: From 01/01/2010 to 12/31/2012  
 Additional  
 Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 23, 2013

---

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$39.83	\$32.57	\$67.38	\$41.88
Region 2	\$41.05	\$33.57	\$69.44	\$43.16
Region 3	\$41.28	\$33.76	\$69.83	\$43.41
Region 4	\$37.45	\$30.62	\$63.34	\$39.37
Region 5	\$38.39	\$31.39	\$64.94	\$40.37
Region 6	\$37.45	\$30.62	\$63.34	\$39.37
Region 7	\$40.99	\$33.52	\$69.33	\$43.10
Region 8	\$38.65	\$31.61	\$65.38	\$40.64
Region 9	\$37.45	\$30.62	\$63.34	\$39.37
Region 10	\$37.34	\$30.53	\$63.16	\$39.26
Region 11	\$39.24	\$32.09	\$66.37	\$41.26

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.45%	68.06%	65.45%	65.45%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)



**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 17, 2013**

Form Number PIP-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Form numbers PIP-CO-DIC, PIAtAhi-CO-DIC, PIAtAlo-CO-DIC, PIAtB-CO-DIC, PIAtB1-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### **J. Trend**

The total annualized trend rate is 4% (see Supporting Documentation).

#### **K. Credibility**

- |  |                |
|--|----------------|
| 1. Credibility Percentage:   | Not applicable |
| 2. Number of years of data used to calculate above credibility percentage:   | Not applicable |
| 3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: | Not applicable |

(see Supporting Documentation)

#### **L. Data Requirements**

##### **COLORADO DATA**

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is

for: Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

Additional

Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 17, 2013

---

Date

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$39.83	\$32.57
Region 2	\$41.05	\$33.57
Region 3	\$41.28	\$33.76
Region 4	\$37.45	\$30.62
Region 5	\$38.39	\$31.39
Region 6	\$37.45	\$30.62
Region 7	\$40.99	\$33.52
Region 8	\$38.65	\$31.61
Region 9	\$37.45	\$30.62
Region 10	\$37.34	\$30.53
Region 11	\$39.24	\$32.09

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	23.00%	23.00%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.10%	67.71%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%





## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 17, 2013**

Form Number XIP-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Form numbers XIP-CO-DIC, XIAtAhi-CO-DIC, XIAtAlo-CO-DIC, XIAtB-CO-DIC, XIAtB1-DIC, XIAtChi-CO-DIC, XIAtClo-CO-DIC, XIAtDhi-CO-DIC, XIAtDlo-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	70.90%	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	66.40%	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	65.30%	2,881	124,033

Above data is  
for: Comparable Product, National  
Experience  
Period: From 01/01/2010 to 12/31/2012  
Additional  
Information: Pharmacy claims data or an applicable plan, see above

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and



- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 17, 2013

---

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$39.83	\$32.57	\$67.38	\$41.88
Region 2	\$41.05	\$33.57	\$69.44	\$43.16
Region 3	\$41.28	\$33.76	\$69.83	\$43.41
Region 4	\$37.45	\$30.62	\$63.34	\$39.37
Region 5	\$38.39	\$31.39	\$64.94	\$40.37
Region 6	\$37.45	\$30.62	\$63.34	\$39.37
Region 7	\$40.99	\$33.52	\$69.33	\$43.10
Region 8	\$38.65	\$31.61	\$65.38	\$40.64
Region 9	\$37.45	\$30.62	\$63.34	\$39.37
Region 10	\$37.34	\$30.53	\$63.16	\$39.26
Region 11	\$39.24	\$32.09	\$66.37	\$41.26

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	23.00%	23.00%	23.00%	23.00%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.10%	67.71%	65.10%	65.10%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 2, 2013**

Form Number PIP-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Form numbers PIP-CO-DIC, PIAtAhi-CO-DIC, PIAtAlo-CO-DIC, PIAtB-CO-DIC, PIAtB1-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**





Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.50%	2.50%	Standard Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	3.50%	3.50%	FFM Guidance
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	65.45%	68.06%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20



= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	2,881	124,033

Above data is for: Comparable Product, National  
 Experience Period: From 01/01/2010 to 12/31/2012  
 1. Pharmacy claims data: Not applicable

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are



- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", is positioned above the printed name.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 2, 2013

---

Date

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$39.83	\$32.57
Region 2	\$41.05	\$33.57
Region 3	\$41.28	\$33.76
Region 4	\$37.45	\$30.62
Region 5	\$38.39	\$31.39
Region 6	\$37.45	\$30.62
Region 7	\$40.99	\$33.52
Region 8	\$38.65	\$31.61
Region 9	\$37.45	\$30.62
Region 10	\$37.34	\$30.53
Region 11	\$39.24	\$32.09

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**July 2, 2013**

Form Number XIP-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Form numbers XIP-CO-DIC, XIAtAhi-CO-DIC, XIAtAlo-CO-DIC, XIAtB-CO-DIC, XIAtB1-DIC, XIAtChi-CO-DIC, XIAtClo-CO-DIC, XIAtDhi-CO-DIC, XIAtDlo-CO-DIC
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.50%	2.50%	Standard Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	3.50%	3.50%	FFM Guidance
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	65.45%	68.06%	

(see Attachment B)

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

	<u>Formula</u>	<u>Pediatric Low</u>
	Cost per User: Crowns	\$15.76
	Cost per User: Diagnostic	\$100.15
	Cost per User: Other Basic	\$91.92
	Cost per User: Preventive	\$102.54
	Cost per User: Prosthodontic	\$5.53
	Cost per User: Simple Restoration	\$120.41
	x Utilization (applied to all lines of service)	0.5097
	x Coinsurance: Crowns	47.47%
	x Coinsurance: Diagnostic	98.17%
	x Coinsurance: Other Basic	52.65%
	x Coinsurance: Preventive	98.17%
	x Coinsurance: Prosthodontic	47.47%
	x Coinsurance: Simple Restoration	52.66%
	x Trend (applied to all lines of service)	1.04
	/ Misc_Dent_Fact (applied to all lines of service)	0.9704
	/ Months (applied to all lines of service)	12
	= Monthly Rates: Crowns	\$0.34
	= Monthly Rates: Diagnostic	\$4.48
	= Monthly Rates: Other Basic	\$2.20





= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, "if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product." Therefore, not applicable since this is a new plan offering.



#### OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	2,881	124,033

Above data is  
for: Comparable Product, National  
Experience  
Period: From 01/01/2010 to 12/31/2012  
1. Pharmacy  
claims data: Not applicable

#### M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

#### N. Benefits Ratio Projections

##### PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

#### O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

#### P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are



- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", is written over a horizontal line.

---

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

July 2, 2013

---

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$39.83	\$32.57	\$67.38	\$41.88
Region 2	\$41.05	\$33.57	\$69.44	\$43.16
Region 3	\$41.28	\$33.76	\$69.83	\$43.41
Region 4	\$37.45	\$30.62	\$63.34	\$39.37
Region 5	\$38.39	\$31.39	\$64.94	\$40.37
Region 6	\$37.45	\$30.62	\$63.34	\$39.37
Region 7	\$40.99	\$33.52	\$69.33	\$43.10
Region 8	\$38.65	\$31.61	\$65.38	\$40.64
Region 9	\$37.45	\$30.62	\$63.34	\$39.37
Region 10	\$37.34	\$30.53	\$63.16	\$39.26
Region 11	\$39.24	\$32.09	\$66.37	\$41.26

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.45%	68.06%	65.45%	65.45%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**June 26, 2013**

Form Number PIP-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form PIP-CO-DIC.
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. Not applicable since this a new plan offering.
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



The anticipated loss ratio is 65.45% for the Pediatric High and Adult plans; and 68.06% for the Pediatric Low plan (see Attachment B).

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

<u>Formula</u>	<u>Pediatric Low</u>
Cost per User: Crowns	\$15.76
Cost per User: Diagnostic	\$100.15
Cost per User: Other Basic	\$91.92
Cost per User: Preventive	\$102.54
Cost per User: Prosthodontic	\$5.53
Cost per User: Simple Restoration	\$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	\$0.34
= Monthly Rates: Diagnostic	\$4.48
= Monthly Rates: Other Basic	\$2.20
= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408



x PPO Disc	1.0000
= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Not applicable since this is a new plan offering.

##### OTHER DATA

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	2,881	124,033

Above data is for:

Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012





**M. Side-by-Side Comparison**

Not applicable since this is a new plan offering.

**N. Benefits Ratio Projections**

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

**O. Other Factors**

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

**P. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

June 26, 2013

Date

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$39.83	\$32.57
Region 2	\$41.05	\$33.57
Region 3	\$41.28	\$33.76
Region 4	\$37.45	\$30.62
Region 5	\$38.39	\$31.39
Region 6	\$37.45	\$30.62
Region 7	\$40.99	\$33.52
Region 8	\$38.65	\$31.61
Region 9	\$37.45	\$30.62
Region 10	\$37.34	\$30.53
Region 11	\$39.24	\$32.09

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



## **ACTUARIAL MEMORANDUM**

**Dentegra Insurance Company**

**State of Colorado**

**June 26, 2013**

Form Number XIP-CO-DIC

### **A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form XIP-CO-DIC.
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. Not applicable since this a new plan offering.
7. The premiums are charged on an issue age basis.
8. All individual dental programs are optionally renewable.

### **B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

### **C. Rating Period**

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

### **D. Effect of Law Changes**

Not applicable.

### **E. Rate History**

Not applicable since this is a new plan offering (see Supporting Documentation).

### **F. Coordination of Benefits**

Not applicable.

### **G. Relation of Benefits to Premiums**



The anticipated loss ratio is 65.45% for the Pediatric High and Adult plans; and 68.06% for the Pediatric Low plan (see Attachment B).

#### H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

#### I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

<u>Formula</u>	<u>Pediatric Low</u>
Cost per User: Crowns	\$15.76
Cost per User: Diagnostic	\$100.15
Cost per User: Other Basic	\$91.92
Cost per User: Preventive	\$102.54
Cost per User: Prosthodontic	\$5.53
Cost per User: Simple Restoration	\$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	\$0.34
= Monthly Rates: Diagnostic	\$4.48
= Monthly Rates: Other Basic	\$2.20
= Monthly Rates: Preventive	\$4.58
= Monthly Rates: Prosthodontic	\$0.12
= Monthly Rates: Simple Restoration	\$2.89
Total Monthly Rates (includes all lines of service)	\$14.61
- Waiting Period Credit	\$0.00
- Maximum Credit	\$0.00
- Deductible Credit	\$1.53
= Rate less Credits	\$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000



= Adj Rate	\$17.95
+ Adult Ortho Rate	\$2.30
+ OOP Max Rate	\$0.80
+ TMJ Rate	\$0.00
= Adj Rate	\$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	\$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	\$32.57

#### J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

#### K. Credibility

1. Credibility Percentage: Not applicable
2. Number of years of data used to calculate above credibility percentage: Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

#### L. Data Requirements

##### COLORADO DATA

Not applicable since this is a new plan offering.

##### OTHER DATA

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	\$26,281,040	\$18,634,994	\$17,052,094	\$1,582,900	3,277	147,553
2011	\$25,592,626	\$16,985,525	\$15,546,025	\$1,439,500	3,057	135,805
2012	\$24,525,709	\$16,016,000	\$14,626,000	\$1,390,000	2,881	124,033

Above data is for:

Comparable Product, National

Experience

Period: From 01/01/2010 to 12/31/2012

#### M. Side-by-Side Comparison



Not applicable since this is a new plan offering.

**N. Benefits Ratio Projections**

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$33,997.86	\$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		
Above projections include: Colorado			

**O. Other Factors**

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

**P. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "John J. Leibowitz", is written over a horizontal line.

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

June 26, 2013

Date

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$39.83	\$32.57	\$67.38	\$41.88
Region 2	\$41.05	\$33.57	\$69.44	\$43.16
Region 3	\$41.28	\$33.76	\$69.83	\$43.41
Region 4	\$37.45	\$30.62	\$63.34	\$39.37
Region 5	\$38.39	\$31.39	\$64.94	\$40.37
Region 6	\$37.45	\$30.62	\$63.34	\$39.37
Region 7	\$40.99	\$33.52	\$69.33	\$43.10
Region 8	\$38.65	\$31.61	\$65.38	\$40.64
Region 9	\$37.45	\$30.62	\$63.34	\$39.37
Region 10	\$37.34	\$30.53	\$63.16	\$39.26
Region 11	\$39.24	\$32.09	\$66.37	\$41.26

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	7.50%	7.50%	7.50%	7.50%
Total	38.00%	35.50%	38.00%	38.00%
Anticipated Loss Ratio **	64.92%	67.54%	64.92%	64.92%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)



**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2010</u></b>	<b><u>CY2011</u></b>	<b><u>CY2012</u></b>
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	\$26,281,040	\$25,593,626	\$24,525,709
Average Annual Premium	\$608	\$638	\$640
Incurred Claims	\$18,634,994	\$16,985,525	\$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%



ACTUARIAL MEMORANDUM  
Dentegra Insurance Company  
State of Colorado  
June 12, 2013

Form Number PIP-CO-DIC

**A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form PIP-CO-DIC.
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. The premiums are charged on an issue age basis.
7. All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

**B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

**C. Rating Period**

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

**D. Effect of Law Changes**

Not applicable.

**E. Rate History**

Not applicable since this is a new plan offering (see Supplemental Documentation).

**F. Coordination of Benefits**

Not applicable.

**G. Relation of Benefits to Premiums**

The anticipated loss ratio is shown in Attachment B.

**H. Provision for Profit and Contingencies**

Risk margin is shown in Attachment B.

**I. Complete Explanation as to How The Proposed Rates Were Determined**

The sample rate calculation is shown in the Rate Manual.

**J. Trend**

The annual cost trend rate is 4% (see Supplemental Documentation).

**K. Credibility**

Not applicable since this plan is manually rated (see Supplemental Documentation).

**L. Data Requirements**

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

**M. Side-by-Side Comparison**

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

**N. Benefits Ratio Projections**

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

**O. Other Factors**

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

**P. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$39.83	\$32.57
Region 2	\$41.05	\$33.57
Region 3	\$41.28	\$33.76
Region 4	\$37.45	\$30.62
Region 5	\$38.39	\$31.39
Region 6	\$37.45	\$30.62
Region 7	\$40.99	\$33.52
Region 8	\$38.65	\$31.61
Region 9	\$37.45	\$30.62
Region 10	\$37.34	\$30.53
Region 11	\$39.24	\$32.09

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2012</u></b>
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	\$24,525,709
Average Annual Premium	\$640
Incurred Claims	\$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%



ACTUARIAL MEMORANDUM  
Dentegra Insurance Company  
State of Colorado  
June 12, 2013

Form Number XIP-CO-DIC

**A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form XIP-CO-DIC.
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. The premiums are charged on an issue age basis.
7. All individuals dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

**B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

**C. Rating Period**

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

**D. Effect of Law Changes**

Not applicable.

**E. Rate History**

Not applicable since this is a new plan offering (see Supplemental Documentation).

**F. Coordination of Benefits**

Not applicable.

**G. Relation of Benefits to Premiums**

The anticipated loss ratio is shown in Attachment B.

**H. Provision for Profit and Contingencies**

Risk margin is shown in Attachment B.

**I. Complete Explanation as to How The Proposed Rates Were Determined**

The sample rate calculation is shown in the Rate Manual.

**J. Trend**

The annual cost trend rate is 4% (see Supplemental Documentation).

**K. Credibility**

Not applicable since this plan is manually rated (see Supplemental Documentation).

**L. Data Requirements**

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

**M. Side-by-Side Comparison**

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

**N. Benefits Ratio Projections**

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

**O. Other Factors**

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

**P. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$39.83	\$32.57	\$67.38	\$41.88
Region 2	\$41.05	\$33.57	\$69.44	\$43.16
Region 3	\$41.28	\$33.76	\$69.83	\$43.41
Region 4	\$37.45	\$30.62	\$63.34	\$39.37
Region 5	\$38.39	\$31.39	\$64.94	\$40.37
Region 6	\$37.45	\$30.62	\$63.34	\$39.37
Region 7	\$40.99	\$33.52	\$69.33	\$43.10
Region 8	\$38.65	\$31.61	\$65.38	\$40.64
Region 9	\$37.45	\$30.62	\$63.34	\$39.37
Region 10	\$37.34	\$30.53	\$63.16	\$39.26
Region 11	\$39.24	\$32.09	\$66.37	\$41.26

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	7.50%	7.50%	7.50%	7.50%
Total	38.00%	35.50%	38.00%	38.00%
Anticipated Loss Ratio **	64.92%	67.54%	64.92%	64.92%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)



**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2012</u></b>
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	\$24,525,709
Average Annual Premium	\$640
Incurred Claims	\$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%



ACTUARIAL MEMORANDUM  
Dentegra Insurance Company  
State of Colorado  
June 12, 2013

Form Number PIP-CO-DIC

**A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form PIP-CO-DIC.
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.
6. The premiums are charged on an issue age basis.
7. All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

**B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

**C. Rating Period**

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

**D. Effect of Law Changes**

Not applicable.

**E. Rate History**

Not applicable since this is a new plan offering (see Supplemental Documentation).

**F. Coordination of Benefits**

Not applicable.

**G. Relation of Benefits to Premiums**

The anticipated loss ratio is shown in Attachment B.

**H. Provision for Profit and Contingencies**

Risk margin is shown in Attachment B.

**I. Complete Explanation as to How The Proposed Rates Were Determined**

The sample rate calculation is shown in the Rate Manual.

**J. Trend**

The annual cost trend rate is 4% (see Supplemental Documentation).

**K. Credibility**

Not applicable since this plan is manually rated (see Supplemental Documentation).

**L. Data Requirements**

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

**M. Side-by-Side Comparison**

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

**N. Benefits Ratio Projections**

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

**O. Other Factors**

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

**P. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

**Attachment A**  
**Colorado Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$30	\$40
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$700	\$700
per 2+ child	\$1,400	\$1,400
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$39.83	\$32.57
Region 2	\$41.05	\$33.57
Region 3	\$41.28	\$33.76
Region 4	\$37.45	\$30.62
Region 5	\$38.39	\$31.39
Region 6	\$37.45	\$30.62
Region 7	\$40.99	\$33.52
Region 8	\$38.65	\$31.61
Region 9	\$37.45	\$30.62
Region 10	\$37.34	\$30.53
Region 11	\$39.24	\$32.09

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2012</u></b>
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	\$24,525,709
Average Annual Premium	\$640
Incurred Claims	\$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%



ACTUARIAL MEMORANDUM  
Dentegra Insurance Company  
State of Colorado  
June 12, 2013

Form Number XIP-CO-DIC

**A. Summary**

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form XIP-CO-DIC.
2. Not applicable since this a new plan offering.
3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.
4. Gross premiums vary by plan designs illustrated in Attachment A.
5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.
6. The premiums are charged on an issue age basis.
7. All individuals dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

**B. Assumption or Acquisition**

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

**C. Rating Period**

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

**D. Effect of Law Changes**

Not applicable.

**E. Rate History**

Not applicable since this is a new plan offering (see Supplemental Documentation).

**F. Coordination of Benefits**

Not applicable.

**G. Relation of Benefits to Premiums**

The anticipated loss ratio is shown in Attachment B.

**H. Provision for Profit and Contingencies**

Risk margin is shown in Attachment B.

**I. Complete Explanation as to How The Proposed Rates Were Determined**

The sample rate calculation is shown in the Rate Manual.

**J. Trend**

The annual cost trend rate is 4% (see Supplemental Documentation).

**K. Credibility**

Not applicable since this plan is manually rated (see Supplemental Documentation).

**L. Data Requirements**

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

**M. Side-by-Side Comparison**

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

**N. Benefits Ratio Projections**

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

**O. Other Factors**

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

**P. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
One First Street  
San Francisco, CA 94105

**Attachment A**  
**Colorado Individual Supplemental Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	\$30	\$40	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$700	\$700	NAB*	NAB*
per 2+ child	\$1,400	\$1,400		
Dental Accident Benefits	NAB*	NAB*	100% w/ \$1000 Lifetime Max	NAB*
<b>Rates:</b>				
Region 1	\$39.83	\$32.57	\$67.38	\$41.88
Region 2	\$41.05	\$33.57	\$69.44	\$43.16
Region 3	\$41.28	\$33.76	\$69.83	\$43.41
Region 4	\$37.45	\$30.62	\$63.34	\$39.37
Region 5	\$38.39	\$31.39	\$64.94	\$40.37
Region 6	\$37.45	\$30.62	\$63.34	\$39.37
Region 7	\$40.99	\$33.52	\$69.33	\$43.10
Region 8	\$38.65	\$31.61	\$65.38	\$40.64
Region 9	\$37.45	\$30.62	\$63.34	\$39.37
Region 10	\$37.34	\$30.53	\$63.16	\$39.26
Region 11	\$39.24	\$32.09	\$66.37	\$41.26

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**Colorado Individual Administrative Expenses (as a percent of premium)**

	<b>Pediatric High</b>	<b>Pediatric Low</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expenses (including User Fee = \$0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	7.50%	7.50%	7.50%	7.50%
Total	38.00%	35.50%	38.00%	38.00%
Anticipated Loss Ratio **	64.92%	67.54%	64.92%	64.92%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)



**Attachment C**  
**DDIC Small Group Experience**

	<b><u>CY2012</u></b>
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	\$24,525,709
Average Annual Premium	\$640
Incurred Claims	\$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%

**State Of Colorado**  
**Health Rate Filing Form**  
**Form HR-1**

**Reset Form**

<b>Must Be Completed For All Products</b>		SERFF FILING # <b>DDPA-129066093</b>	
1. Company: <b>Dentegra Insurance Company</b>			
2. Person Responsible For Filing: <b>Shelly Williams</b>		3. Title: <b>Regulatory Analyst</b>	
4. Address Of Responsible Person: <b>17871 Park Plaza D</b>		5. Telephone #: <b>(562) 467-7766</b> ext.	
6. Email Address: <b>SWilliams4@delta.org</b>			
7. <b>Type Of Coverage:</b> <b>PPO</b> Other : <b>Stand alone dental</b>			
8. Medicare Supplement: <b>N/A</b> Not Applicable <input type="checkbox"/>			
(1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N			
9. <b>Sub Category:</b> <b>Individual</b>			
10. A. Group Information: <b>N/A</b> <b>Select One</b> <b>Select One</b> <b>Select One</b> B. Name of association or trust ( <i>if applicable</i> ): C. Description of discretionary group( <i>if applicable</i> ):			
11. <b>Colorado State Code(s):</b> <b>760 Prior Approval- HB 08-1389</b> <b>850 Individual</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Select One</span> <span>Select One</span> <span>Select One</span> </div>			
12. <b>Brief Filing Description</b> (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">Dental</div>			
13. <b>Reason For Filing:</b>  <div style="margin-top: 10px;"> <b>Increase In Benefits?</b>  <b>Reduction In Benefits?</b>  <b>Increase in Profits?</b>  <b>Change Needed To Meet Projected Losses?</b>  <b>Trend Only?</b>  <b>Change In Rating Methodology?</b>  <b>New Product (Initial Offering As Opposed To Rate Revision)?</b>  <b>Other?</b>  <b>(If other, please explain)</b> </div>		<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input checked="" type="checkbox"/> Yes           <input type="checkbox"/> No         </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> </div>	
14. <b>Policy Form(s) Affected:</b> <b>PIP-CO-DIC, XIP-CO-DIC</b>			

15. If Rider Or Endorsement, <b>Type Of Benefits?</b> N/A		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. <b>Number Of Colorado Covered Lives</b> (Including Employees And Dependents): N/A		
18. A. Rating Period: <b>Select One</b> From To B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date:		<input checked="" type="checkbox"/> N/A (New Product)
19. A. <b>Rate Change Without Trend:</b> B. <b>Trend for Rating Period (if trend factor is used in rates):</b> C. Overall Rate Impact Change:		
20. A. <b>Current Underlying Annualized Trend Assumption</b> (If Applicable): 1.04 B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable):		
21. A. <b>What Is The Maximum Rate Change That Can Affect A Policyholder?</b> B. <b>What Is The Minimum Rate Change That Can Affect A Policyholder?</b> (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios ( <b>On Colorado only basis</b> )		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 65.45		
B. Actual Benefits Ratio over Experience Period:		<input checked="" type="checkbox"/> N/A (New Product)
23. A. <b>Projected Benefits Ratio With Rate Change over Rating Period</b> B. Projected Benefits Ratio <b>Without</b> Rate Change over Rating Period	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. <b>Proposed Effective Date:</b> 01/01/2014		
25. A. <b>Total Annual Colorado Written Premium Before Change(s):</b> \$ B. <b>Total Annual Colorado Written Premium After Change(s):</b> \$ C. Written Premium Change For This Product (Net Change): \$		<input checked="" type="checkbox"/> N/A (New Product)
26. A. <b>Effective Date</b> of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms:		<input checked="" type="checkbox"/> N/A (New Product)
27. <b>Experience Provided:</b> <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado <b>Select One</b> <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. <b>Small Group Filings Only: Unique Single Index Rate</b> (Effective For All Small Group Plans):		N/A